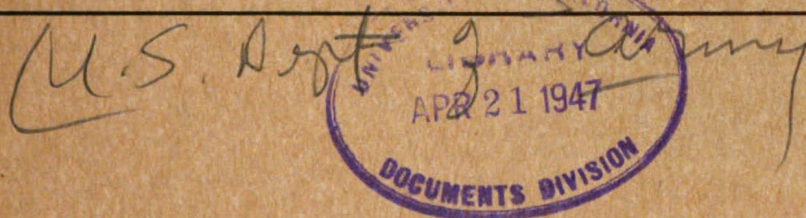


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TM 8-262

WAR DEPARTMENT TECHNICAL MANUAL



ADMINISTRATION OF FIXED HOSPITALS ZONE OF INTERIOR

WAR DEPARTMENT

FEBRUARY 1945

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ADMINISTRATION
OF FIXED HOSPITALS
ZONE OF INTERIOR



WAR DEPARTMENT

FEBRUARY 1945

*United States Government Printing Office
Washington : 1945*

WAR DEPARTMENT
Washington 25, D. C., 1 February 1945

TM 8-262, Administration of Fixed Hospitals, Zone of Interior, is published for the information and guidance of all concerned.

[AG 300.7 (25 Jan 45)]

BY ORDER OF THE SECRETARY OF WAR:

G. C. MARSHALL
Chief of Staff

OFFICIAL:

J. A. ULIO
Major General
The Adjutant General

DISTRIBUTION:

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Refer to FM 21-6 for explanation of distribution formula.

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TECHNICAL MANUAL

ADMINISTRATION OF FIXED HOSPITALS, ZONE OF INTERIOR

CHANGES
No. 1 }

DEPARTMENT OF THE ARMY
WASHINGTON 25, D. C., 24 October 1950

TM 8-262, 1 February 1945, is changed as follows:

Section I, chapter 1, issued 1 July 1945, Standard Functional Organization for Named General Hospitals, is rescinded.

[AG 300.7 (27 Sep 50)]

BY ORDER OF THE SECRETARY OF THE ARMY:

OFFICIAL:

EDWARD F. WITSELL
Major General, USA
The Adjutant General

J. LAWTON COLLINS
Chief of Staff, United States Army

DISTRIBUTION:

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For explanation of distribution formula see SR 310-90-1.

FOREWORD

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1. PURPOSE OF TECHNICAL MANUAL 8-262, ADMINISTRATION OF FIXED HOSPITALS, ZONE OF INTERIOR.

a. To provide a ready source of reference for all the major procedures connected with the administration of Army hospitals in the Zone of the Interior.

b. To simplify the basic administrative procedures of the nonprofessional care of sick and wounded personnel.

c. To standardize these basic procedures, wherever practicable, by using the same forms and methods at all medical installations.

d. To reduce to a minimum the time required by professionally trained personnel to accomplish the various procedures outlined herein, thereby making available to the sick and wounded an increased amount of professional care.

2. SCOPE.

a. The procedures outlined herein are applicable to named general hospitals within the continental United States.

b. Those procedures which can be used without change in station and other hospitals will be put into practice without delay.

c. From time to time chapters or sections will be published prescribing procedures to be used in a limited number of hospitals. An example of such a procedure is the mechanical reproduction of hospital admission records described in Section 2, Chapter II, which is limited to those hospitals having ten or more admissions a day. When a procedure is thus limited, such limitation will be announced at the beginning of the chapter or section describing it.

3. FORMAT.

a. Technical Manual 8-262 will not initially be published in its entirety. It will be published in chapters or sections as the procedures contained in these parts are tested, approved, and ready to be put into operation in the field. The chapters will not necessarily be published consecutively, but will be issued in the order of their importance to the using installations.

b. In order that the information contained in this manual may be kept current, it is published in loose-leaf form, and revisions or changes will be furnished as required. Changes will be supplied on a page basis. As change pages are received, they will be inserted in their proper place. Each page bears a date in its upper inside corner. This date is the date of publication. Change pages will carry the date and the number of the change.

FOREWORD (CONT'D)

c. The subject matter is grouped into chapters under a primary subject title with a base number and then subdivided into sections with specific titles.

d. Each chapter will be numbered consecutively using the decimal numbering system, for example, the second chapter bears the base number 2.0. Each page within a chapter will be numbered consecutively in relation to the chapter number. Page 2.1 represents the first page of the subject matter of the second chapter, page 2.2, the second page, and so on. If new pages are added within the chapters, the added page will carry an alphabetical suffix: "A," "B," "C," etc. For example, if a new page is added between 2.13 and 2.14, the page will be numbered 2.13A. A second additional page in the same place would be numbered 2.13B.

e. Paragraphs are numbered consecutively within each chapter. If new main paragraphs are added, each will carry a decimal suffix. For example, a paragraph numbered 13.1 will represent the first addition to the main paragraph 13.

f. This manual contains descriptive text, diagrams, illustrations and procedure charts. The procedure charts illustrate graphically the flow of records and the action taken on them throughout each step in the process. Two types of rectangular blocks are used in the charts. The first type with shading along the lower and right hand edges of the block indicates document or paper record, for an example, see Figure 1 below. A block with light shading over the entire face, Figure 2, represents something other than a paper record, such as an action, a telephone call, or a verbal request or notification.



FIGURE 1



FIGURE 2

The numerals appearing in the upper left hand corners of the blocks are the copy numbers, which do not necessarily appear on the forms themselves. Number 1 indicates the original copy, number 2, the duplicate, and so forth. Flow lines are in solid color. A broken flow line represents an alternative action.

g. A complete index and glossary will be issued later as parts of this manual.

4. Comments on any aspect of the subject matter presented herein or suggestions for further simplification and improvement of the procedures and consolidation or elimination of any of the forms are desired from installations. Such comments should be directed through channels to The Surgeon General, attention Control Division, 1818 H Street, NW, Washington 25, D. C.

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CHAPTER II HOSPITAL ADMISSIONS

SECTION 1

PROCEDURE FOR HOSPITAL ADMISSIONS

1. RESPONSIBILITY.

a. The Admitting Officer will have charge of the admission to the hospital and the assignment to the proper ward of all patients arriving during regular duty hours. In his absence, his duties will be assumed by his assistant, where one has been designated by the Commanding Officer, or by the Medical Officer of the Day. He will maintain close contact with the Chiefs of the Professional Services to insure that proper assignment of patients to wards is being made.

b. The Admitting Officer will be concerned primarily with professional duties only, such as classification and assignment of patients, while the Registrar will assume responsibility for all administrative functions.

2. CLASSES OF PATIENTS ENTITLED TO ADMISSION. Those persons enumerated in paragraph 6, AR 40-590, and such others as may be authorized from time to time by competent authority will be admitted to the hospital. In the matter of admission of individuals other than those in active military service, the policy of the Commanding Officer will apply.

3. ARRIVAL OF PATIENTS. Immediately upon receipt of information as to the expected arrival of patients by train, the Registrar, or, in his absence, his designated assistant, will arrange for the necessary motor transportation and attendants to meet them. When it is known that patients who are to arrive are suffering from communicable diseases, such separate ambulances as may be required, consistent with good medical policy, will be provided for their transportation. Litter cases, the insane, and prisoners will be met by an adequate number of trained litter bearers, neuropsychiatric attendants, or armed guards, as the case may be. The Commanding Officer, Detachment Medical Department, or the Provost Marshal, or both, depending upon the nature of the patients arriving, will furnish the necessary attendants. When indicated, the Registrar will arrange with the Medical Supply Officer to make the necessary exchange of linen and hospital clothing. The Admitting Officer will make necessary arrangements to effect proper ward assignments without delay upon their arrival at the hospital and will call upon the Chiefs of the Professional Services for such assistance as he may require. The Registrar will provide any additional clerical personnel required for short periods from his office.

4. INITIAL ASSIGNMENT OF PATIENTS.

a. All patients will be admitted through the Admitting Office where the required admission data will be made a matter of record, and assignment to the proper ward effected. In emergency cases, the patient may be taken directly to the ward and the necessary admission data obtained there, but in any case, no patient shall be taken to any ward without specific instructions from the Admitting Officer or, in his absence, his assistant or the Medical Officer of the Day.

b. The Consolidated Ward Morning Report will be used as a guide to assist the Admitting Officer in making proper ward assignments and to obviate interward transfers shortly after admission. The Chiefs of Professional Services will notify the Admitting Officer promptly of changes in the character of cases treated on any ward in order that assignments to such wards may be made correctly at all times. In addition, the Chiefs of the Professional Services will furnish any other necessary information and assistance to the Admitting Officer in the discharge of his duties. Wards will accept without question patients admitted thereto, and any reassignment that may be necessary will be effected as prescribed elsewhere in this manual.

5. TREATMENT AND EXAMINATION OF PATIENTS.

a. The Admitting Officer will normally provide a minimum of medical or surgical treatment. Such treatment will be limited to acute emergencies and will be provided by the Admitting Officer to relieve suffering while awaiting the arrival of the proper ward officer, or to permit the safe transfer of the patient to the ward to which he has been assigned. A report of such treatment will be written on the reverse side of WD MD Form 55A, Revised, and submitted to the ward officer without delay for his information and guidance.

b. On admission of patients other than emergency cases or those enumerated in paragraph 6, below, the Admitting Officer will take such medical history and perform such physical examination as will permit assignment of the patient to the proper ward without delay. Every precaution will be taken to insure the proper handling of patients with contagious diseases, acute medical or surgical emergencies, mental conditions, or those under courts-martial charges or sentence, and prisoners of war.

c. Each patient, other than those on an officer status, or where the procedure is otherwise contraindicated, will be required, following the physical examination, and upon order of the Admitting Officer, to divest himself of his clothing and take a shower bath, following which he will don hospital clothing and be escorted without delay to his proper ward by personnel assigned to the Admitting Office. Where the Admitting Office is not provided with facilities for shower baths, this shall be done promptly at arrival upon the ward where the procedure will be ordered by the ward officer. Every care shall be taken to protect the privacy of male as well as female patients.

6. PROCEDURE ON ADMISSION OF CERTAIN TYPES OF PATIENTS.

a. **Patients with Communicable Diseases.** If the presence of the condition is known in advance, such patients will not be permitted to leave the ambulance or enter the Admitting Office, but after examination by the Admitting Officer, will be sent directly to the appropriate isolation ward. Should such a patient be admitted inadvertently to the Admitting Office, the medical officer in charge of communicable diseases will be notified and will issue appropriate instructions.

b. **Insane Patients.** Insane patients will be escorted without delay to the receiving unit of the neuropsychiatric section, accompanied, whenever possible, by a trained neuropsychiatric attendant.

c. **Medical or Surgical Emergencies.** These will not be removed from the ambulance until so directed by the Admitting Officer in order to avoid unnecessary handling. Such cases will be given prompt attention as soon as they arrive. If practicable, they will be delivered by ambulance directly to their proper ward, the x-ray department, or the operating room, as the case may be. To reduce transporting and handling of such cases to a minimum, the appropriate Chief of Service or his designated representative will hold himself available to offer necessary advice and assistance to the Admitting Officer so that appropriate ward assignment can be made or necessary treatment instituted without delay. The x-ray unit, the operating room, or the ward receiving the patient, as the case may be, will be notified by telephone by the Admitting Officer at the earliest possible moment whenever medical or surgical emergencies are admitted.

d. **Prisoners.** They will be accompanied by guards, when indicated, to their proper ward. When the nature of the offense is such that it can be accomplished without defeating the ends of military justice, paroles may be accepted from garrison prisoners in order that the giving of medical care may be facilitated and the waste of personnel occasioned by the use of armed guards may be avoided. The Commanding Officer, Detachment of Patients, and the Provost Marshal will be notified by telephone of the admission of prisoners.

e. **Prisoners of War.** The same procedures, except for the taking of paroles, will apply in the case of prisoners of war admitted as patients. The Provost Marshal will be notified at the earliest possible moment in order that necessary guards and facilities for safekeeping of such individuals may be provided.

7. **FUNDS, VALUABLES, CLOTHING, AND BAGGAGE IN POSSESSION OF PATIENTS UPON ADMISSION.** Upon admission of a patient to the hospital, the procedure relative to funds, valuables, clothing, and baggage will be followed as prescribed elsewhere. When insane or seriously ill patients or prisoners are admitted, they will be searched, their effects secured, and the proper records made. When the patient is unable or mentally incompetent to sign, the forms will be signed for him, in the presence of a witness, by an individual authorized to do so by the Commanding Officer. The effects will then be stored in the Patients' Baggage Room, or in the Patients' Funds and Valuables Depository, whichever is appropriate.

SECTION 2

PREPARATION OF HOSPITAL ADMISSION RECORDS

8. PROCEDURES FOR PREPARATION OF RECORDS. The mechanical reproduction of records described in this section is authorized for all hospitals having an average admission rate of ten or more per day. Hospitals having fewer than this number of admissions will be authorized the new procedure only after the Service Commander having jurisdiction over the hospital establishes by survey that a definite saving in personnel will result from its use. Hospitals not authorized the mechanical method of reproduction of records will prepare the records outlined in paragraph 9, with the following variations:

a. WD AGO Form 8-33, in duplicate, will be prepared in place of WD MD Form 55A, Revised. The original will be forwarded to the ward with the patient and the duplicate to the Registrar.

b. WD AGO Form 8-24 will be prepared in the necessary number of copies from the duplicate copy of WD AGO Form 8-33.

c. 3 x 5 inch Locator Cards will be prepared by the using agency from data appearing on the Admission and Disposition Sheet.

9. ADMISSION RECORDS. The following records will be prepared in the Admitting Office under the direction of the Registrar who will assume responsibility for their completeness and accuracy. Any additional records are unnecessary and will be neither prepared nor maintained unless specifically authorized elsewhere in this manual.

a. To be prepared for each patient at the time of admission:

(1) Clinical Record Brief, WD MD Form 55A, Revised, prepared as a stencil and permanent record in one operation. The backing sheet, or permanent record, is forwarded to the ward with the patient. The stencil is used to prepare locator cards, WD AGO Forms 8-24, and other admission records mechanically on a Mimeograph duplicator supplied expressly for this purpose.

(2) Locator Cards, prepared in as many copies as required and distributed as indicated on pages 2.6 and 2.7.

(3) WD AGO Form 8-24, prepared in two or three copies, as required, and forwarded to the Office of the Registrar.

(4) Deposit Slips, to be prepared in two or three copies when funds are deposited, and in one copy when the patient does not desire to make any deposit. The detailed procedure will be described elsewhere in this manual.

- (5) Patient's Clothing Slip, WD AGO Form 8-111, prepared in two copies, showing inventory of clothing stored by patient. Original is forwarded to clothing room with clothing, and duplicate is delivered to patient as his receipt. When clothing is stored on the ward, these slips will be filled out by the nurse.
- (6) Property Tag, WD MD Form 76, prepared for each piece of baggage stored by the patient. One part is tied to the baggage, and the remaining section delivered to the patient as his receipt.

b. To be prepared daily:

- (1) Admission and Disposition Sheet. This constitutes a record of all admissions to and dispositions from the hospital; all leaves, furloughs, absences, and interward transfers are recorded on it. It is prepared at 2400 hours daily as described elsewhere in this manual.
- (2) Consolidated Ward Morning Report prepared at 2400 hours daily. Its preparation and distribution are described elsewhere in this manual.

c. To be maintained on a permanent basis and brought up to date daily:

(1) Suspense Files, maintained in the Admitting Office:

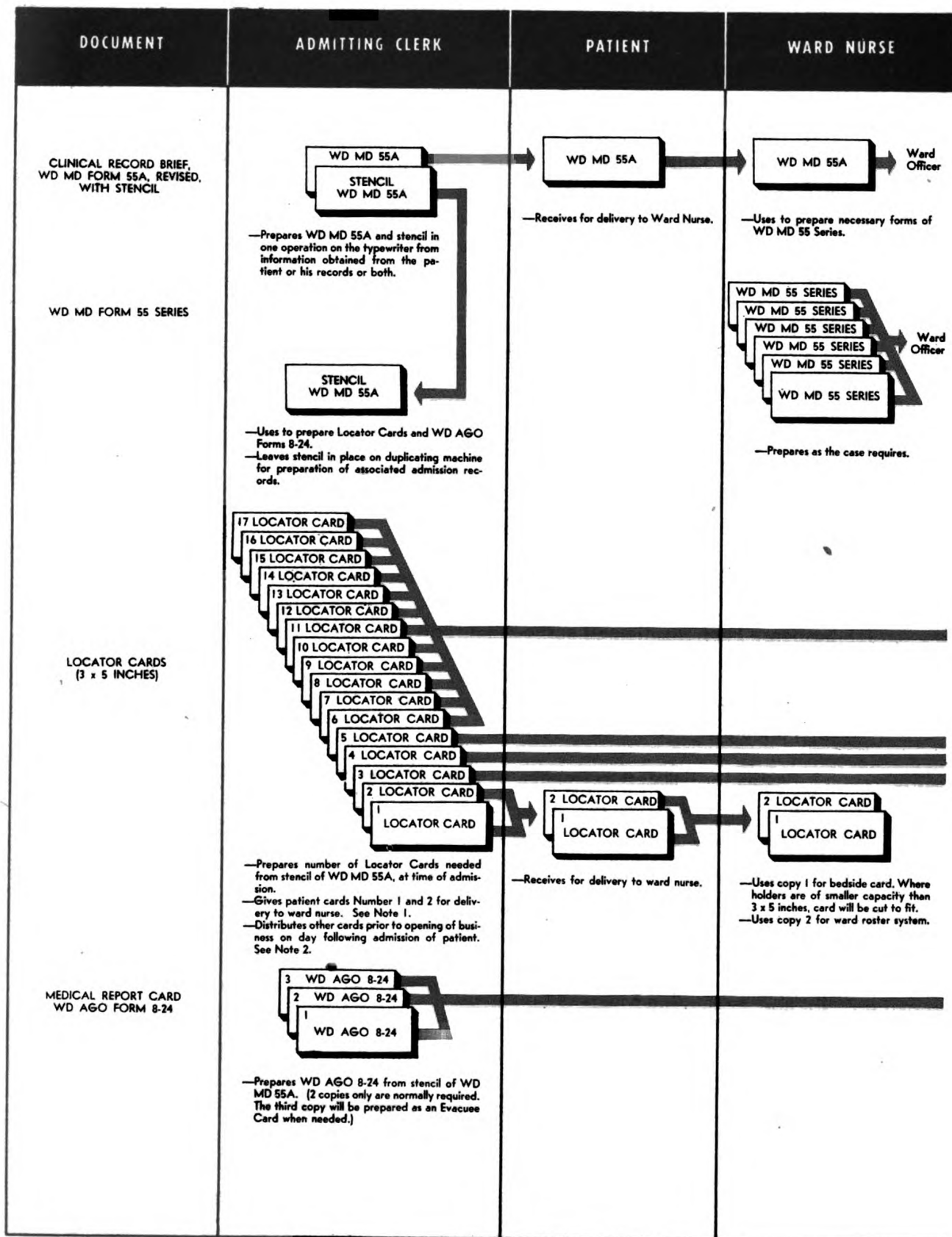
- (a) Leaves for officer personnel.
- (b) Furloughs for enlisted personnel.
- (c) Passes for enlisted personnel. These files are made up of Absence Requests, filed according to the date the individual is due to return. Details as to their use will be found in the section dealing with Passes, Furloughs, and Leaves.
- (d) Clinical records. Upon departure on leave or furlough, the clinical record of such a patient will be brought up to date by the ward officer and forwarded to the Admitting Office pending the patient's return. The same procedure will be followed in the event of any absence without official leave of more than twenty-four hours duration.

(2) Locator File for Admitting Office, showing the location of every patient in the hospital.

(3) Register Number Index. 3 x 5 inch cards, filed serially by register number, will be maintained as a permanent record.

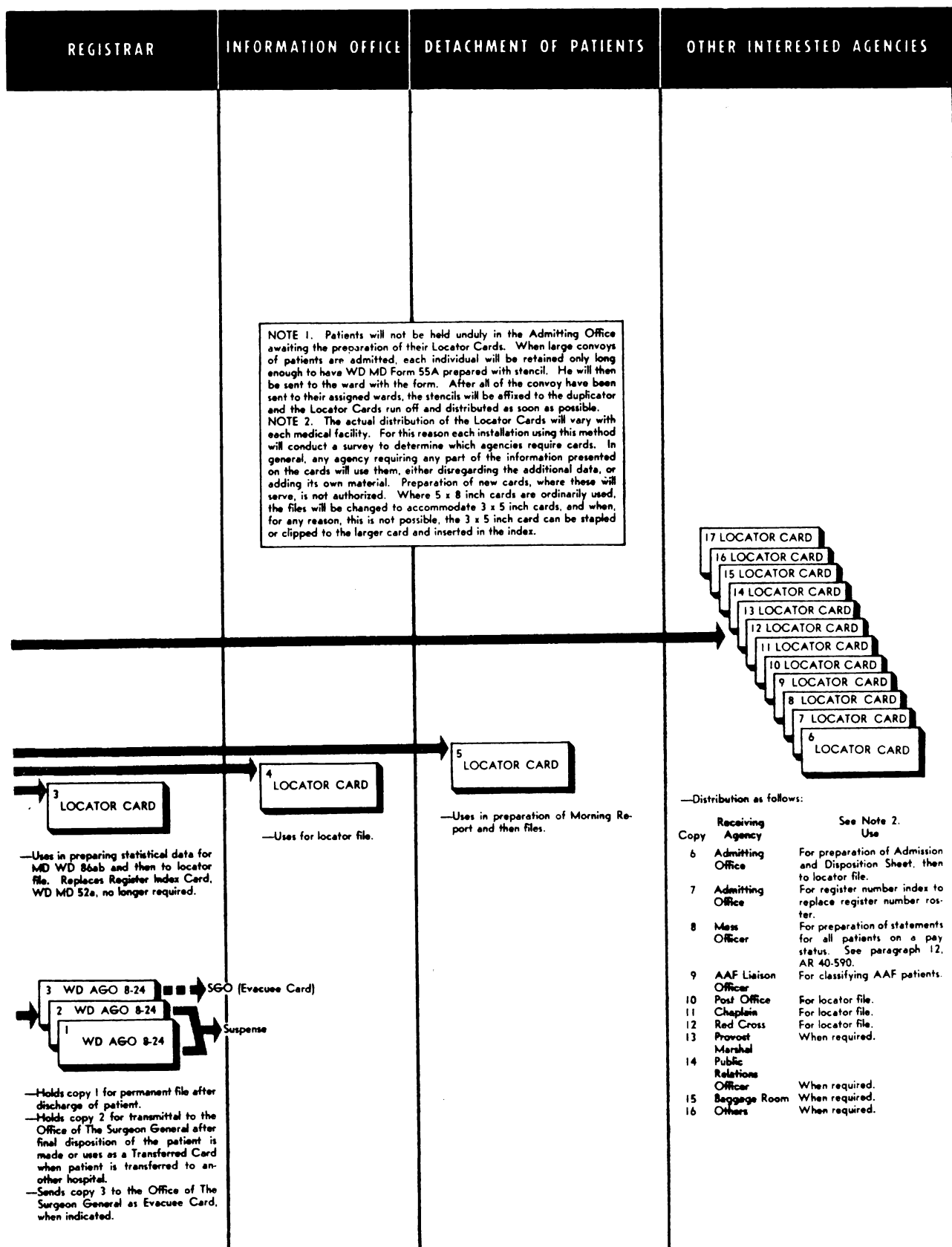
1 FEB 1945

PREPARATION AND DISTRIBUTION OF



1 FEB 1945

HOSPITAL ADMISSION RECORDS



PREPARATION OF WD MD FORM 55A, REVISED

10. RESPONSIBILITY FOR PREPARATION OF WD MD FORM 55A, REVISED. The preparation of WD MD Form 55A, Revised, is the responsibility of the Registrar. He will take all necessary steps to insure that the personnel working under his direction in the Admitting Office are acquainted with the pertinent sections of AR 40-590 and 40-1025.

11. METHOD OF RECORDING DATA ON WD MD FORM 55A, REVISED.

a. The necessary information is entered by typewriter promptly upon the arrival of the patient at the Admitting Office. The Admitting Office will be so arranged that the patient may be brought directly to the typist who will enter the data without the use of scratch sheets or other temporary records. To avoid delay, additional typists will be provided by the Registrar from his office whenever large numbers of patients are to be processed. Their services will ordinarily be required for short periods only, so that there will be a minimum of interference with the functioning of the Registrar's office. Under such circumstances, the personnel regularly on duty in the Admitting Office will hold themselves available to assist temporary personnel, rather than attempt to do the major portion of the processing themselves.

b. As each patient is called to the typist, all readily available records pertaining to him will be delivered at the same time. If he has already been interviewed by the Admitting Officer, he will present to the typist a slip of paper upon which has been written the number of the ward to which he has been assigned. If he has not yet been interviewed, this space will be left blank on WD MD Form 55A, Revised. In any case, the typist should have available any clinical records, service records, dispensary reference slips, etc., which may have accompanied the patient. Such records will furnish much of the information needed, and the balance will be obtained from the patient himself, who will be required to check all pertinent information to insure its accuracy. The need for accuracy cannot be too strongly stressed. Failure to make entries carefully and accurately will lead to possible errors in identification and will seriously interfere with the proper functioning of the hospital departments.

c. It will be noted that each box on the WD MD Form 55A, Revised, is either lettered or numbered. The form is arranged for a standard typewriter spacing and makes full allowance for the use of stops. Insofar as is feasible, the form is designed to permit the typist to write across its full width with as little break in the continuity of thought as possible.

d. Typewriter stops having been set, the form is aligned in the typewriter and the information entered, using standard abbreviations whenever possible. Whenever the space for any of the entries from 1 to 10 inclusive is not sufficient to complete an entry, such entry will be continued directly beneath space 10, appropriately cross-referenced, with the first continuation marked (a), the second (b), and so on. Care will be taken to complete all data entered in this space to the right of the dividing line so that the material will appear on WD AGO Form 8-24 when the duplicating process is used. The following pages illustrate WD MD Form 55A with correct entries and give instructions on how to fill them in properly.

1 FEB 1945

TM 8-262
CHAPTER II

WD MD FORM 55A, REVISED, COMPLETED

CLINICAL RECORD BRIEF																																																																																															
W. D., M. D. FORM NO. 55A (REVISED) 1 Sept., 1944																																																																																															
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<div style="display: flex; justify-content: space-between;"> <div style="width: 20%;"> <p>Tbc No Evid of Alc or Narc</p> </div> <div style="width: 80%;"> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="4">a. HOSPITAL Blake GH</td> <td colspan="8">1. LAST NAME, FIRST NAME, MIDDLE INITIAL Doe, John C</td> </tr> <tr> <td colspan="2">b. WARD 27</td> <td colspan="2">c. RELIGION P</td> <td colspan="2">d. PREV. ADM. No</td> <td colspan="2">2. REGISTRY NO. 34 278</td> <td colspan="2">3. ARMY SERIAL NO. 11 067 928</td> <td colspan="2">4. GRADE Pvt</td> </tr> <tr> <td colspan="6">e. NAME AND ADDRESS OF NEAREST RELATIVE Mrs Robert Doe (M) 78 Wellman St Brookline, Mass</td> <td colspan="6">5. ORGANIZATION AND ARM OR SERVICE (If AAF personnel, see below)* 27th Inf Div</td> </tr> <tr> <td colspan="2">6. AGE 27</td> <td colspan="2">7. RACE W</td> <td colspan="2">8. LENGTH OF SERVICE 2 7/12</td> <td colspan="6">9. DATE OF ADMISSION 1 Sep 44</td> </tr> <tr> <td colspan="2">f. DIS. D</td> <td colspan="2">Inj.</td> <td colspan="2">B/C</td> <td colspan="2">g. ADMITTING OFFICER Capt HAP</td> <td colspan="4">10. SOURCE OF ADMISSION Trfd SH Ft Belvoir</td> </tr> <tr> <td colspan="12"> <small>* If AAF, indicate pilot, non-pilot flying personnel, ground personnel, or aviation cadet.</small> </td> </tr> <tr> <td colspan="12">11. FINAL DIAGNOSIS, ADDITIONAL DIAGNOSES, OPERATIONS, CHANGE OF STATUS 1020 LD Unk Doe, John C Pvt 27</td> </tr> </table> </div> </div>												a. HOSPITAL Blake GH				1. LAST NAME, FIRST NAME, MIDDLE INITIAL Doe, John C								b. WARD 27		c. RELIGION P		d. PREV. ADM. No		2. REGISTRY NO. 34 278		3. ARMY SERIAL NO. 11 067 928		4. GRADE Pvt		e. NAME AND ADDRESS OF NEAREST RELATIVE Mrs Robert Doe (M) 78 Wellman St Brookline, Mass						5. ORGANIZATION AND ARM OR SERVICE (If AAF personnel, see below)* 27th Inf Div						6. AGE 27		7. RACE W		8. LENGTH OF SERVICE 2 7/12		9. DATE OF ADMISSION 1 Sep 44						f. DIS. D		Inj.		B/C		g. ADMITTING OFFICER Capt HAP		10. SOURCE OF ADMISSION Trfd SH Ft Belvoir				<small>* If AAF, indicate pilot, non-pilot flying personnel, ground personnel, or aviation cadet.</small>												11. FINAL DIAGNOSIS, ADDITIONAL DIAGNOSES, OPERATIONS, CHANGE OF STATUS 1020 LD Unk Doe, John C Pvt 27											
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12. LINK OF DUTY				13. DISMISSION AND DATE				14. SIGNATURE OF WARD SURGEON																																																																																							

1 FEB 1945

ENTRIES ON WD MD FORM 55A, REVISED

a. HOSPITAL Blake GH			1. LAST NAME, FIRST NAME, MIDDLE INITIAL		
b. WARD	c. RELIGION	d. PREV. ADM.	2. REGISTER NO.	3. ARMY SERIAL NO.	4. GRADE

"a. Hospital." Enter the name of the hospital to which the patient is now

being admitted, as Pasadena RH, Camp Roberts SH, Mitchell CH, or Wakeman G&CH.

b. WARD 27	c. RELIGION	d. PREV. ADM.	2. REGISTER NO.	3. ARMY SERIAL NO.	4. GRADE
e. NAME AND ADDRESS OF NEAREST RELATIVE			5. ORGANIZATION AND ARM OR SERVICE (If AAF personnel, see below)		

"b. Ward." Enter the number of the ward to which assignment has been

made. If this is not known at the time the form is prepared, leave the space blank. The stencil need not be put back into the typewriter. The number can be entered with a pencil or stylus directly on the stencil.

b. WARD	c. RELIGION P	d. PREV. ADM.	2. REGISTER NO.	3. ARMY SERIAL NO.	4. GRADE
e. NAME AND ADDRESS OF NEAREST RELATIVE			5. ORGANIZATION AND ARM OR SERVICE (If AAF personnel, see below)		

"c. Religion." Enter the religious preference of the individual, using the initial

"P" for Protestant, "C" for Catholic, "H" for Hebrew, etc., or "N" when none is claimed.

b. WARD	c. RELIGION	d. PREV. ADM. No	2. REGISTER NO.	3. ARMY SERIAL NO.	4. GRADE
e. NAME AND ADDRESS OF NEAREST RELATIVE			5. ORGANIZATION AND ARM OR SERVICE (If AAF personnel, see below)		

"d. Previous Admission." This refers to a previous admission to the hospital

which the patient is now entering. Enter "No" or "Yes" in this space, as the case may be.

e. NAME AND ADDRESS OF NEAREST RELATIVE Mrs Robert Doe (M) 78 Wellman St Brookline, Mass			5. ORGANIZATION AND ARM OR SERVICE (If AAF personnel, see below)		
6. AGE	7. RACE	8. LENGTH OF SERVICE	9. DATE OF ADMISSION		
1. DIS.	2. INJ.	3. B/C	10. SOURCE OF ADMISSION		

"e. Name and Address of Nearest Relative." Use the form required by postal

authorities in addressing mail. In addition, indicate the relationship of the individual named by means of an appropriate letter, in parentheses, inserted after the name, e.g.:

(M) Mother (S) Sister (H) Husband (U) Uncle (C) Cousin (Fr) Friend
(F) Father (B) Brother (W) Wife (A) Aunt (N) Niece or Nephew

1. DIS. D	2. INJ.	3. B/C	4. g. ADMITTING OFFICER	10. SOURCE OF ADMISSION	
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"f. Disease/Injury/Battle Casualty." This refers to the primary cause of

admission to the hospital. Enter the letter "D," "I," or "B/C" in the appropriate box.

1. DIS.	2. INJ.	3. B/C	4. g. ADMITTING OFFICER Capt HAP	10. SOURCE OF ADMISSION	
---------	---------	--------	-------------------------------------	-------------------------	--

"g. Admitting Officer." Enter the rank and initials of the officer in charge of

the Admitting Office at the time of admission. No written signature is required.

ENTRIES ON WD MD FORM 55A, REVISED (CONT'D)

a. HOSPITAL			1. LAST NAME, FIRST NAME, MIDDLE INITIAL Doe, John C		
b. WARD	c. RELIGION	d. PREV. ADM.	2. REGISTER NO.	3. ARMY SERIAL NO.	4. GRADE

"1. Last Name, First Name, Middle Initial." Enter the name exactly in this

order. If there is no middle initial, no reference to such lack is required.

b. WARD	c. RELIGION	d. PREV. ADM.	2. REGISTER NO. 34 278	3. ARMY SERIAL NO.	4. GRADE
c. NAME AND ADDRESS OF NEAREST RELATIVE			5. ORGANIZATION AND ARM OR SERVICE (if AAF personnel, see below) ^{1*}		

"2. Register Number." This is a consecutive number assigned to each pa-

tient admitted. No reference to previous register numbers is required.

b. WARD	c. RELIGION	d. PREV. ADM.	2. REGISTER NO.	3. ARMY SERIAL NO. 11 067 928	4. GRADE
c. NAME AND ADDRESS OF NEAREST RELATIVE			5. ORGANIZATION AND ARM OR SERVICE (if AAF personnel, see below) ^{1*}		

"3. Army Serial Number." It is especially important that the patient's

Army Serial Number be correctly typed. Enter the number thus: 33 372 779 or 0 443 972.

b. WARD	c. RELIGION	d. PREV. ADM.	2. REGISTER NO.	3. ARMY SERIAL NO.	4. GRADE Pvt
c. NAME AND ADDRESS OF NEAREST RELATIVE			5. ORGANIZATION AND ARM OR SERVICE (if AAF personnel, see below) ^{1*}		

"4. Grade." Record the patient's grade or rank as of the date of admission,

using authorized abbreviations.

c. NAME AND ADDRESS OF NEAREST RELATIVE			5. ORGANIZATION AND ARM OR SERVICE (if AAF personnel, see below) ^{1*} 27th Inf Div		
6. AGE	7. RACE	8. LENGTH OF SERVICE	9. DATE OF ADMISSION		

"5. Organization and Arm or Service." Enter the current arm or service fol-

lowed by the name of the parent organization to which the patient is currently assigned or attached; wherever possible, these two are combined, as in the example. In cases of Women's Army Corps personnel detailed to an arm or service, add the term WAC in parentheses after the designation of the current arm or service. Use authorized abbreviations wherever possible. In the case of AAF personnel, indicate in parentheses after the arm or service whether the individual belongs to ground personnel or to flying personnel; and if in the latter category, indicate the status, i.e., pilot, nonpilot, or aviation cadet. Individuals required to participate frequently and regularly in aerial flights will be considered as flying personnel. The individual concerned will be carefully questioned in every case and, where it is necessary, personnel records will be examined if they are immediately available, to determine current assignment or attachment.

6. AGE 27			7. RACE	8. LENGTH OF SERVICE	9. DATE OF ADMISSION
10. SOURCE OF ADMISSION	11. ADMITTING OFFICER				

"6. Age." Enter the patient's age as of his last birthday. Regardless of

the length of time the patient may be under treatment or observation, his age on the date of initial admission for this consecutive period of hospitalization will be carried until final disposition of the case.

1 FEB. 1945

ENTRIES ON WD MD FORM 55A, REVISED (CONT'D)

				6. AGE	7. RACE W	8. LENGTH OF SERVICE	9. DATE OF ADMISSION
f. DIS.	INJ.	B/C	g. ADMITTING OFFICER	10. SOURCE OF ADMISSION			

"7. Race." The symbols "W," "N," "F," "PR," "CH," "JP," "MX," or "I"

will be used for designating White, Negro, Filipino, Puerto Rican, Chinese, Japanese, Mexican, or Indian patients, respectively. The race or nationality of other patients will be written out in full.

				6. AGE	7. RACE	8. LENGTH OF SERVICE 2 7/12	9. DATE OF ADMISSION
f. DIS.	INJ.	B/C	g. ADMITTING OFFICER	10. SOURCE OF ADMISSION			

"8. Length of Service." Compute the length of service from the beginning

of the patient's current uninterrupted active service up to, but exclusive of, the day of initial admission. Furloughs commonly granted inductees at the time of induction will not be considered as active service. For members of the National Guard, active service refers to the time since induction into Federal Service. The length of service will be recorded to the last completed month, in years and fractions of years. Thus, 4 years, 5 months, and 24 days of service will be recorded as 4 5/12. If length of service is less than one month, enter the number of days as a fraction of 365. Thus, 21 days of service will be recorded as 21/365. In the event of a change in the patient's grade during his current uninterrupted active service, such as an enlisted person becoming a commissioned officer or vice versa, record the total current uninterrupted active service as stated above, specifying in parentheses the length of service in the current grade. Thus, in the case of a commissioned officer having 3 years, 6 months, and 25 days of total current uninterrupted active service as an officer and an enlisted man, of which 1 year, 2 months, and 15 days have been in current grade as a commissioned officer, the length of service will be recorded as 3 6/12 (1 2/12). Any previous active Army service prior to current active service will be recorded separately in the supplemental space, properly cross-referenced, as described in paragraph 11d. Any previous service in any branch of the armed forces except the Army is not counted here.

				6. AGE	7. RACE	8. LENGTH OF SERVICE	9. DATE OF ADMISSION 1 Sep 44
f. DIS.	INJ.	B/C	g. ADMITTING OFFICER	10. SOURCE OF ADMISSION			

"9. Date of Admission." This represents the date the patient came under the

care of the medical installation. Use authorized abbreviations and enter in the following order: Day, Month, Year, e.g., 12 Sep 44. Figures will not be used to indicate months.

"10. Source of Admission." Entries in item 10 will be of two basic kinds: direct admissions and admissions by transfer. The medical installation, either hospital or dispensary, where the patient first comes to the attention of a medical officer as "a patient excused from duty," is the only installation which reports him as a direct admission. A patient will be recorded only once as a direct admission during a continuous period of illness. Subsequent admissions to other medical installations during such continuous period of illness will be regarded as admissions by transfer.

				6. AGE	7. RACE	8. LENGTH OF SERVICE	9. DATE OF ADMISSION
f. DIS.	INJ.	B/C	g. ADMITTING OFFICER	10. SOURCE OF ADMISSION Direct			

* If AAF, indicate pilot, non-pilot flying personnel, ground personnel, or aviation cadet.

Enter "Direct" when the patient is admitted directly from the command of the

reporting medical installation or from the organizations attached to the command, including those

ENTRIES ON WD MD FORM 55A, REVISED (CONT'D)

attached for medical care only. In the event that this organization is attached but not located on the post of the reporting medical installation, the location will be specified in item 5, Organization.

f. Dis.	inj.	B/C	g. Admitting Officer	10. SOURCE OF ADMISSION
				Direct - Casual. Prop sta Ft Belvoir, Va.
* If AAF, indicate pilot, non-pilot flying personnel, ground personnel, or aviation cadet.				
11. FINAL DIAGNOSIS, ADDITIONAL DIAGNOSES, OPERATIONS, CHANGE OF STATUS				

Enter "Direct-Casual" and specify the name and geographic location of the

patient's station when he is a direct admission but does not belong to an organization which is of the command or attached to the command of the reporting medical installation.

f. Dis.	inj.	B/C	g. Admitting Officer	10. SOURCE OF ADMISSION
				Direct - Casual. Pass Prop sta Ft Custer, Mich
* If AAF, indicate pilot, non-pilot flying personnel, ground personnel, or aviation cadet.				
11. FINAL DIAGNOSIS, ADDITIONAL DIAGNOSES, OPERATIONS, CHANGE OF STATUS				

Patients admitted from leave, furlough, or pass will be recorded as direct ad-

missions or direct-casual, depending on the location of the proper station. State the type of authorized absence.

f. Dis.	inj.	B/C	g. Admitting Officer	10. SOURCE OF ADMISSION
				Direct - Casual. AWOL Prop sta Ft Jackson, SC
* If AAF, indicate pilot, non-pilot flying personnel, ground personnel, or aviation cadet.				
11. FINAL DIAGNOSIS, ADDITIONAL DIAGNOSES, OPERATIONS, CHANGE OF STATUS				

Patients admitted from a status of absent without leave are entered as direct

admissions or direct-casual, depending upon the location of the proper station. State the fact of absence without official leave.

f. Dis.	inj.	B/C	g. Admitting Officer	10. SOURCE OF ADMISSION
				Trfd, SH Ft Belvoir, Va.
* If AAF, indicate pilot, non-pilot flying personnel, ground personnel, or aviation cadet.				
11. FINAL DIAGNOSIS, ADDITIONAL DIAGNOSES, OPERATIONS, CHANGE OF STATUS				

For all cases received by transfer, enter the designation of the medical installation transferring the patient. Formerly, for successive transfers entry had to be made in item 10 of the designation and geo-

graphic location of the medical installation which initially admitted the patient for the current consecutive period of hospitalization and the date of such initial admission. Such entry is no longer required if the information has been entered on the Field Medical Record, WD MD Form 52b, c, or d, or one of the Transferred Cards, WD AGO Form 8-24, received with the patient by the receiving hospital. It is the responsibility of the Registrar to check the records prior to the discharge of the patient to insure that such entry exists on one of these forms. If it is not already present, it will be entered on both The Surgeon General's copy and the hospital file copy of the WD AGO Form 8-24 before the patient is discharged.

f. Dis.	inj.	B/C	g. Admitting Officer	10. SOURCE OF ADMISSION
				Adm fr sk lv, SH, Ft Geo G Meade, Md.
* If AAF, indicate pilot, non-pilot flying personnel, ground personnel, or aviation cadet.				
11. FINAL DIAGNOSIS, ADDITIONAL DIAGNOSES, OPERATIONS, CHANGE OF STATUS				

Patients admitted from sick leave or convalescent furloughs granted by a

medical installation will be regarded as admissions by transfer. Record the fact of leave or furlough

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ENTRIES ON WD MD FORM 55A, REVISED (CONT'D)

together with the name and location of the medical installation which granted it. Patients admitted from sick leave or furlough not granted by a medical installation will be considered as direct admissions.

L. DIS.	INJ.	B/C	g. ADMITTING OFFICER	10. SOURCE OF ADMISSION
				Admitted fr outpatient fr CRO

* If AAF, indicate pilot, non-pilot flying personnel, ground personnel, or aviation cadet.

A patient changing from an out-patient status, carded for record only, will be

regarded as an admission by transfer provided that he was carded for record only because of his current condition. An admission from an out-patient status not carded for record only will be regarded as a direct admission.

Tbc No Evid of Alc or Narc				6. NAME AND ADDRESS OF NEAREST RELATIVE		5. ORGANIZATION AND ARM OR SERVICE	
				6. AGE		7. RACE	
				8. LENGTH			
L. DIS.	INJ.	B/C	g. ADMITTING OFFICER	10. SOURCE OF ADMISSION			

Enter the cause of admission on the left side of the box opposite the second line of typing in space "e," in as brief a form as possible. Include statement

as to the patient's sobriety and any indication of the use of narcotics. The entry is required for the use of the investigating officer under the provision of AR 345-415 and 600-550.

* If AAF, indicate pilot, non-pilot flying personnel, ground personnel, or aviation cadet.

11. FINAL DIAGNOSIS, ADDITIONAL DIAGNOSES, OPERATIONS, CHANGE OF STATUS

1020
LD Unk

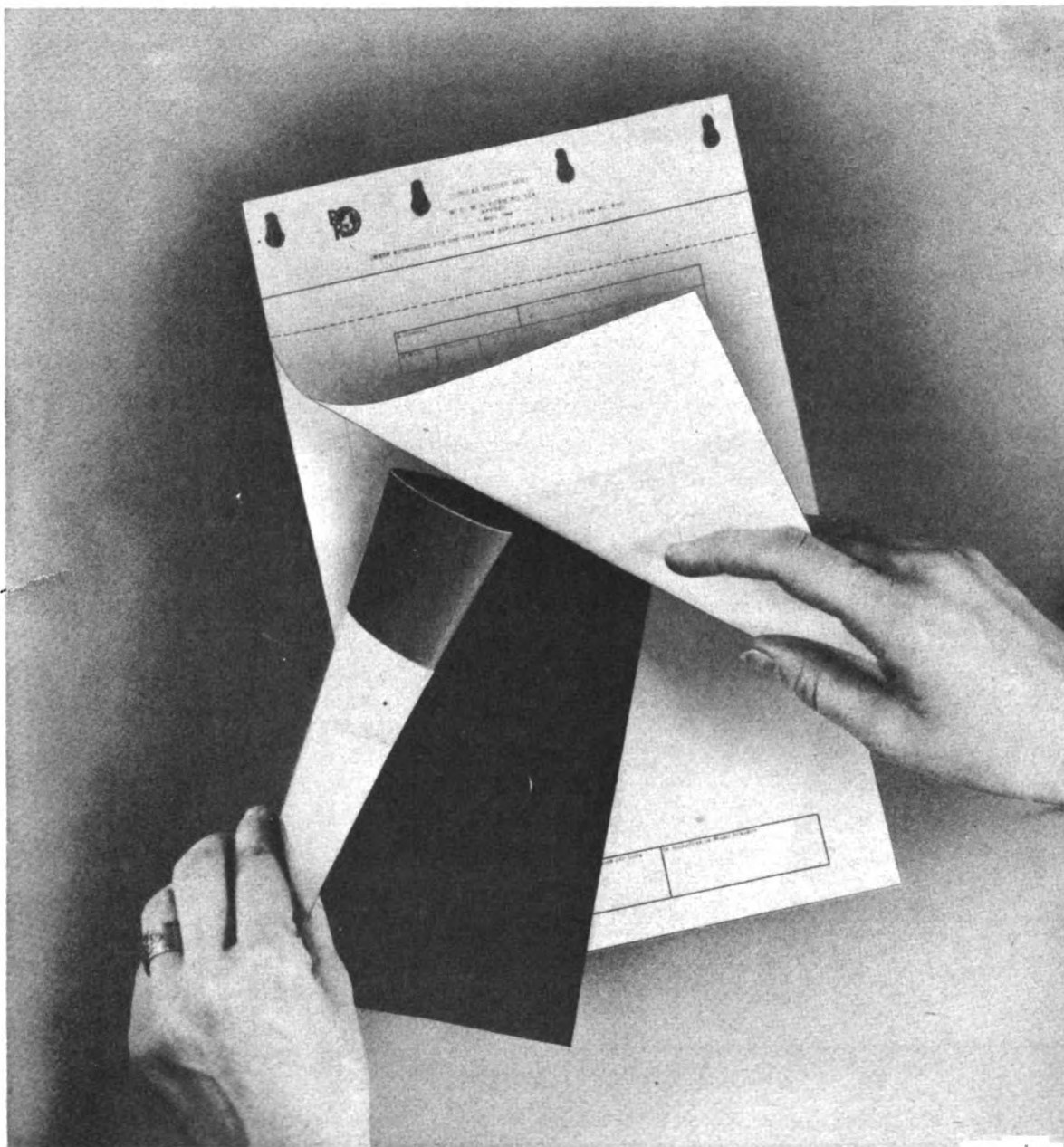
Doe, John C Pvt 27

"11. Final Diagnosis, Additional Diagnoses, Operations, Change of Status," "12. Line of Duty," "13. Disposition and Date," "14. Signature of Ward Surgeon." Items 11, 12, 13, and 14 are, as is apparent from their titles, not filled in at the time of admission. They are completed by the Ward Officer at the time of disposition of the patient.

However, for every patient admitted, remarks are entered immediately under

12. LINE OF DUTY	13. DISPOSITION AND DATE	14. SIGNATURE OF WARD SURGEON

item 11 as shown in the example. Enter first the exact hour of admission. Directly beneath the hour of admission enter the line of duty status. On the third line enter any pertinent remarks which clarify the status of the patient, that is, whether he is an applicant for the United States Military Academy, an applicant for enlistment, or such miscellaneous remarks which may be required for administrative reasons and which do not appear elsewhere on the form. The name, grade or rank, and age of the patient are repeated directly above the line drawn on the stencil for visible card file systems when they are used. The information outlined in this paragraph and illustrated in the example will not appear on the Clinical Record Brief due to the arrangement of the carbon paper. It is entered here so that in the mimeographing process it can appear on the Locator Cards, which are the only other forms on which it is required.

WD MD FORM 55A, REVISED
PREPARATION FOR TYPING

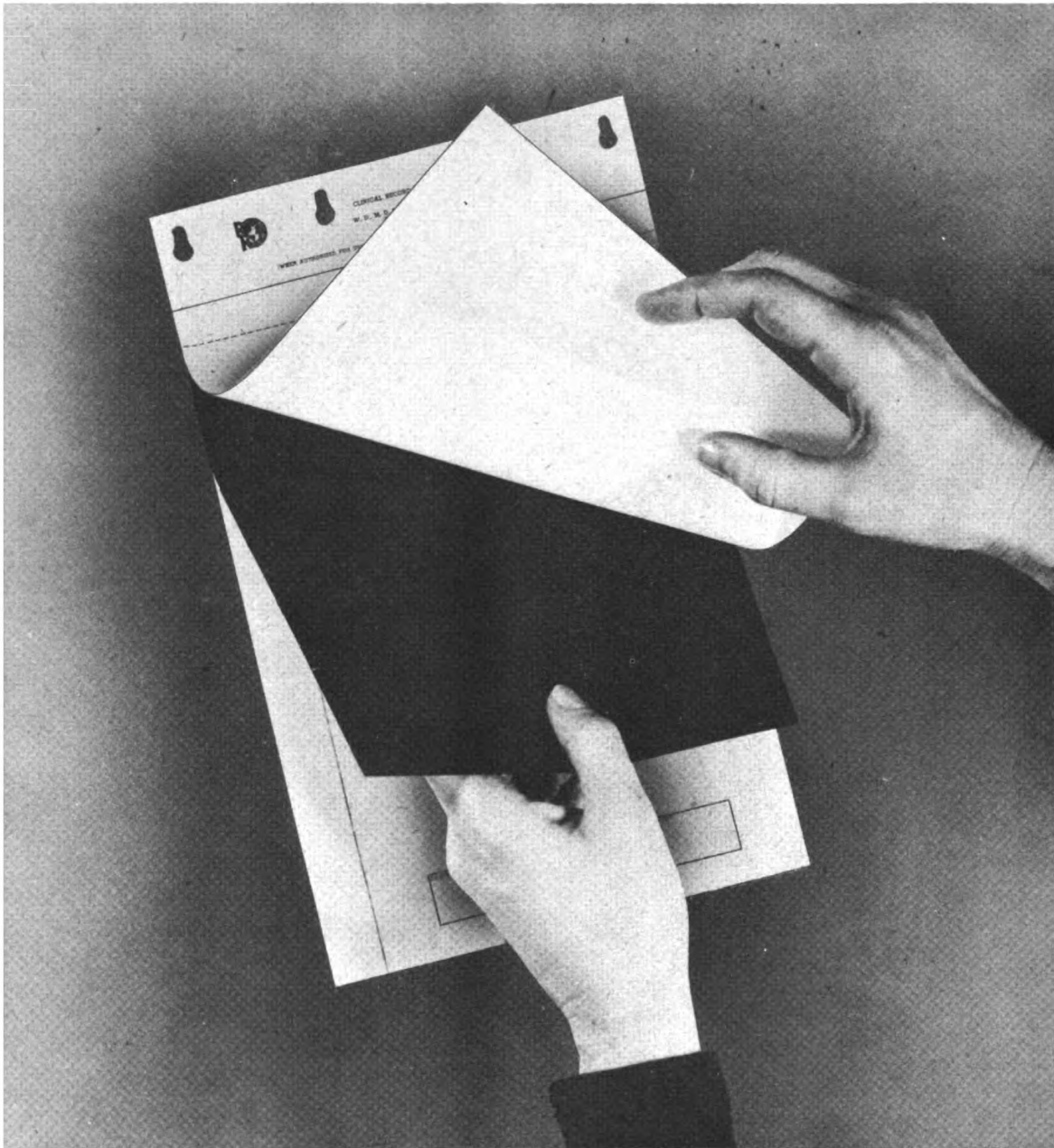
INSTRUCTIONS FOR TYPING PREPARATION

The revised form of WD MD Form 55A, illustrated above, has been designed to expedite the preparation of a patient's admission records. The form consists of two parts, a white stencil and a backing sheet which will be used as the Clinical Record Brief. The material printed on the stencil has been prepared so as to register exactly with the facsimile printed on the backing sheet.

The special carbon paper which is provided with each quire of stencils at the ratio of one carbon to every two stencils, is coated completely on one side and for a distance of only two and one-quarter inches on the other.

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WD MD FORM 55A, REVISED
PREPARATION FOR TYPING (CONT'D)



INSTRUCTIONS FOR TYPING PREPARATION (CONT'D)

The carbon paper is inserted between the stencil and the backing sheet of WD MD Form 55A, so that the short-coated is against the backing sheet at the top, as shown in the illustration above.

The stencil assembly with carbon inserted is put into the typewriter and aligned in the usual way. The ribbon indicator is at "stencil" position and the form is now ready for the completion of the entries. Best results are obtained when the entries typed approximately $1/32$ nd of an inch above the line.

WD MD FORM 55A, REVISED
PREPARATION FOR MIMEOGRAPHING

CLINICAL RECORD BRIEF
WD MD FORM NO. 55A
REVISED
1 Sept. 1944
WHEN AUTHORIZED FOR USE THIS FORM REPLACES W. D. A. G. O. FORM NO. 8-58

1. General
Name: Blake GH
Rank: 27
Grade: P
First Aid: No
Last Name First Name Middle Initial
Doyle, John C
Service No.: 34 278
Army Medical No.: 11 067 928
Branch: Pvt

2. Name and Address of Patient
Name: Mrs Robert Doe (M)
Address: 78 Wellman St
Brookline, Mass
27th Inf Div
27
W
27/12
1 Sep 44
Branch: Capt (Maj)
Va.

3. Name and Address of Relative
Name: Mrs Robert Doe (M)
Address: 78 Wellman St
Brookline, Mass
27th Inf Div
27
W
27/12
1 Sep 44
Branch: Capt (Maj)
Va.

4. Remarks
Remarks: 1020
L22 Unit
Doyle John C Pvt 27

The No Enid of Ale of Nore

15. Last of Unit
16. Description and Date
17. Signature of Ward Surgeon

INSTRUCTIONS FOR MIMEOGRAPH PREPARATION

The entries on the stencil having been completed, the stencil assembly is removed from the typewriter. The backing sheet or Clinical Record Brief is folded back at the line of perforation and detached. The stub must be left attached to the stencil for ready placement on the drum of the Model 90 Mimeograph Duplicator. The carbon paper after being used for two stencils will be thrown away.

The addition of other forms to the stencil assembly for preparation by means of carbon impressions is neither required nor desired, and will not be accomplished unless prior approval is granted by the Office of The Surgeon General.

MEDICAL REPORT CARD, WD AGO FORM 8-24; LOCATOR CARD

MEDICAL REPORT CARD, WD AGO FORM 8-24
(Formerly known as the Register Card or "52" Card)

DO NOT USE CODE BOXES			
1. LAST NAME, FIRST NAME, MIDDLE INITIAL Doe, John C			
2. REGISTER NO. 34 278	3. ARMY SERIAL NO. 11 067 928	4. GRADE Pvt	
5. ORGANIZATION AND ARM OR SERVICE (If AAF personnel, see below)* 27th Inf Div			
6. AGE 27	7. RACE W	8. LENGTH OF SERVICE 2 7/12	9. DATE OF ADMISSION 1 Sep 44
10. SOURCE OF ADMISSION Trfd, SH Ft Belvoir, Va.			
*If AAF, indicate pilot, non-pilot flying pers., ground pers., or avn. cadet			
11. CAUSE OF ADMISSION, ADDITIONAL DIAGNOSIS, OPERATIONS, CHANGE OF STATUS			
12. LINE OF DUTY			
13. DISPOSITION			
14. DATE OF DISPOSITION			
15. DAYS LOST → TOTAL HOSPITAL QUARTERS			
16. NAME AND LOCATION OF REPORTING INSTALLATION			
17. SIGNATURE			
W. D. A. G. O. FORM NO. 8-24 1 JULY 1944			

INSTRUCTIONS FOR REPRODUCTION

The Medical Report Cards, WD AGO Forms 8-24, and Locator Cards together with associated forms which are described elsewhere in this manual, are prepared mechanically by means of the stencil assembly of WD MD Form 55A, Revised, and a Model 90 Mimeograph duplicator furnished exclusively for this purpose. Detailed instructions as to its adjustment and use are supplied with each machine.

The required number of Medical Report Cards is prepared by feeding blank cards into the machine using the right hand feed guide.

The required number of 3 x 5 inch Locator Cards is prepared by feeding the blank cards into the machine using the left hand feed guide.

The forms to be used should be arranged in stacks of the proper number and in the proper order to facilitate their reproduction. A short period of time should be allowed after reproduction to let the ink dry. Then the cards may be sorted for distribution.

LOCATOR CARD

Blake GH	Doe, John C		
27	P	No	34 278 11 067 928 Pvt
Mrs Robert Doe (M)		27th Inf Div	
78 Wellman St			
Brookline, Mass		27	W 2 7/12 1 Sep 44
D	Capt HAP	Va.	Trfd, SH Ft Belvoir,
1020			
LD Unk			
Doe, John C Pvt 27			

SECTION 3

PROCEDURE FOR PREPARING THE ADMISSION AND DISPOSITION SHEET

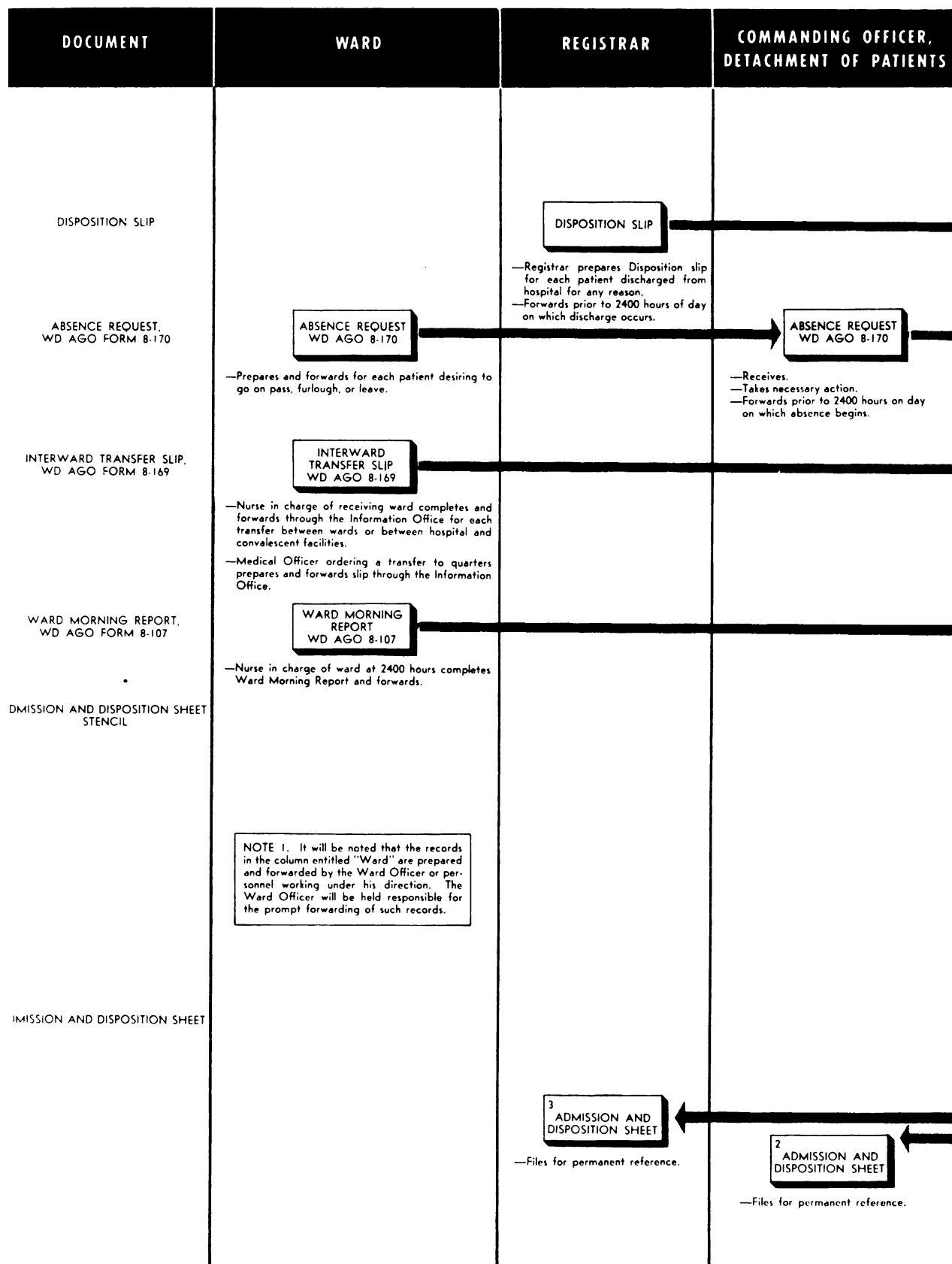
12. DEFINITION. The Admission and Disposition Sheet is a consolidated report of all patients admitted to and discharged from the hospital, quarters, and convalescent facilities, interward transfers, and corrections or changes of previous entries.

13. RESPONSIBILITY. Although the Admission and Disposition Sheet is prepared by personnel on duty in the Admitting Office between 0001 and 0700 hours of the day following the 24 hour period to be covered, the Registrar is responsible for its preparation. His signature, or the signature of an individual delegated that responsibility, will appear at the bottom of the last page. He will also see that the proper number of copies is printed and that proper distribution is made.

14. CONTENTS. Entries on the Admission and Disposition Sheet will be grouped in order by (a) admissions, (b) change of status in, (c) dispositions, (d) change of status out, (e) interward transfers, and (f) corrections of entries previously made. The arrangement of data is shown on pages 2.22 and 2.23. Patients returned from overseas whose names appear as admissions or dispositions will be indicated with an asterisk (*). Except for corrections, only information pertaining to the 24 hour period ending at 2400 hours will be entered. The use of "as of" entries will be held to a minimum, and the Registrar will undertake at regular intervals a study of such entries with a view towards fixing the responsibility for their appearance on the sheet and eliminating them.

1 FEB 1945

PREPARATION AND DISTRIBUTION OF



ADMISSION AND DISPOSITION SHEET

ADMITTING OFFICE

LOCATOR
CARD FILE

—Uses as check on other records for preparation of Admission and Disposition Sheet stencil.

DISPOSITION SLIP

—Uses as basis for data on Admission and Disposition Sheet stencil.
—Destroys.

ABSENCE REQUEST
WD AGO 8-170

—Receives on day of departure on absence.
—Uses as basis for data on Admission and Disposition Sheet stencil.
—Holds in suspense until patient's return.
—Checks files daily to ascertain cases of absence without official leave.
(Regular Pass List is checked for other absences.)

INTERWARD
TRANSFER SLIP
WD AGO 8-169

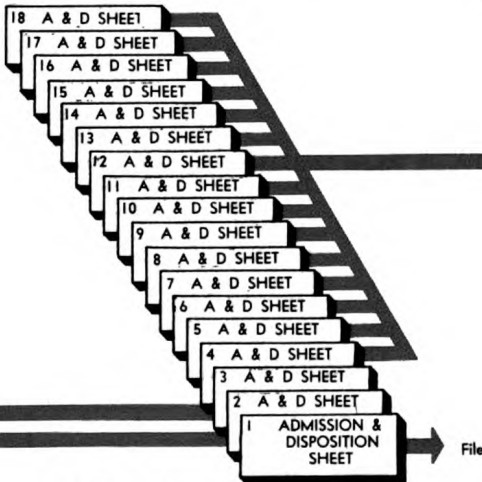
—Uses as basis for data on Admission and Disposition Sheet stencil.
—Destroys.

WARD MORNING
REPORT
WD AGO 8-107

—Uses as check for all items for Admission and Disposition Sheet stencil.
—Uses to prepare Consolidated Ward Morning Report.
—Destroys.

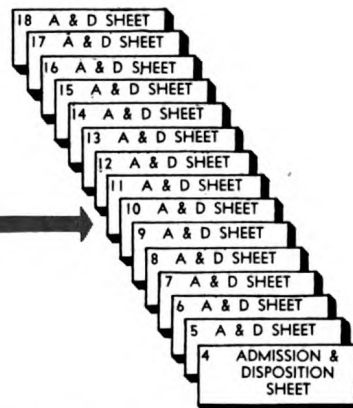
Destroy after
reproductionADMISSION AND
DISPOSITION
SHEET STENCIL

—Consolidates all data pertaining to admissions, dispositions, interward transfers, and other changes in status in previous 24 hour period.
—Cuts stencil after 0001.



—Runs off stencil on duplicating machine prior to 0700.
—Prepares copies. Number will vary with required distribution.
—Distributes no later than 0700.
—Files one copy in permanent file.

OTHER RECEIVING AGENCIES



—Each receiving agency checks locator card files and other records to bring them up to date. Receiving agencies will include:

- | | |
|-------------------------------------|-----------------------------------------------------------------------------------------------------------|
| 1. The Commanding Officer. | 9. Baggage Room. |
| 2. Adjutant. | 10. Post Office. |
| 3. Executive Officer. | 11. Red Cross. |
| 4. Chiefs of Professional Services. | 12. Chaplain. |
| 5. Sergeant Major. | 13. Commanding Officer of each Organization showing an admission or disposition. (For station hospitals.) |
| 6. Information Office. | 14. Port Postal Authorities. |
| 7. Mess Office. | 15. Other Interested Agencies. |
| 8. Medical Supply Office. | |

—Each receiving agency files its copy for varying lengths of time, depending on the need; ultimately destroys copy.

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ADMISSION AND DISPOSITION SHEET

BLANK GENERAL HOSPITAL
FORT CORWIN, VIRGINIA

ADMISSION AND DISPOSITION SHEET

15 November 1944

ADMISSIONS
Trfd
Fort Miller SH

14633	Connelly, Robert C	33 613 739	Sgt	COB 80 Sig Ser	0830	LD	15
14631	Dann, Wallace D	34 961 677	Cpl	Hq 4802 SCSU Inf	0830	LD	14

GROUP ADMIS-
SIONS FROM
SAME SOURCE

Halloran GH

*14621	Todd, George R	0 737 895	Capt	Inf	0945	LD	17
*14623	Rodgers, Francis J.	32 302 885	S/3gt	Inf Unasgd	1030	LD	14

HOUR OF AD-
MISSION OR
DISCHARGE

DIRECT
Fr Cmd

14630	Jacobs, Albert C	31 785 620	Sgt	Hq Co XVth Corps Eng	1415	LD	22
14628	Ashton, Ray E	17 147 003	Cpl	Btry A, 650th FA Bn	1700	NLD	21

LINE OF DUTY
STATUS FOR
MORNING RE-
PORT PUR-
POSES

Cas

14625	Harvey, Paul L	31 409 452	Pvt	Co C 81st CML Bn eng	1600	LD	23
Proper Station: Camp Cramer, Texas (Garrison Prisoner)							

Others

14622	Jones, James R	Civ Empl	Quartermaster (Off)				
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CHANGE OF STATUS IN
Fr Sk Lv

Parnell, Paul L	0 1 705 386	1st Lt DC	Unasgd	2300	15
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Fr Conv Fur

Johnson, Harold W	34 036 641	Cpl	Co A 586th CAC(AA)	2115	21
Lofton, Guy C	33 938 847	Pfc	Co C 1287th Engr Bn	2200	22

WARD NUMBER

Fr AWOL

Koontz, Wilfred L	38 229 376	Pvt	Hq 3rd Bn 85th Inf Regt	2330	23
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Fr Abs Sk

Cooper, James E	34 847 563	Cpl	Btry A 600th FA Bn	1400	22
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DISPOSITIONS
Dy

Bruce, Kerwin M	39 157 744	Sgt	4037th QM TRK Co	211113	0915	LD	20
Howard, Henry J	31 386 246	Cpl	Co B 79th Cml Bn	111114	0915	NLD	22

PHYSICAL PRO-
FILE SERIAL
ON ALL DIS-
CHARGES TO
DUTY

INSTRUCTIONS FOR PREPARATION

Use same order of entries each day. Arrange similar changes in groups wherever possible. Do not repeat as single entries those which can be grouped under one heading. Arrange similar items in columns. Use of name and location of organizations permits ready distribution of sheet to all interested agencies, and locates all morning report data in one place.

ADMISSION AND DISPOSITION SHEET (CONT'D)

Trfd to Crile GH

Goodwin, Thomas C	37 737 092	Tec 5	Co A 85th Inf	111323 1015	LD 27
			Regt		
*Giles, Stephen R	33 930 287	Pfc	Inf Unasgd	211321 1015	LD 27
			<u>CDD</u>		
*Shaffer, Daniel W	19 013 217	S/Sgt	Inf Unasgd-22 Brown St		LD 32
			Brooklyn, N Y		
Fulton, William L	33 342 332	Sgt	CAC Unasgd-1427 Main St		LD 30
			Hamilton, Ky		

Others

Wilson, Thomas C	Civ Dep	T/Sgt	John C Wilson, MD, Blank GH		26
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CHANGE OF STATUS OUT

			<u>Sk Lv</u>		
Taylor, James I	0 372 241	Capt	Inf Unasgd	15 days 0930	15
			<u>An Lv</u>		
Roberts, George W	0 293 406	Maj	Unasgd	7 days 0900	15
			<u>Fur</u>		
Francis, Wesley C	19 169 731	S/Sgt	AC Unasgd	21 days 1000	22
Neal, Frank A	34 952 384	Cpl	MP Det 1230th	15 days 1100	27
			SCSU		

ANOL

Irwin, James F	33 123 201	Pfc	Hq 1227th SCSU	0800	16
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Abs Sk, Schick GH

Reddy, Joseph R	34 842 699	Cpl	Inf Unasgd	As of 13 Nov	21
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INTERWARD TRANSFERS

Bibbin, Joseph C	18 to 26	Haney, Morris R	35 to 10
Grady, Otis	22 to 15	Cheeseman, James I	21 to 18

MISCELLANEOUS

As of 12 Nov	Koslaff, Clarence N	1240th SCSU Ft Dix, N J, to MP Unasgd
" " 15 Nov	Creshaw, Edward J	1260th SCSU Ft Dix, N J, to DEML Unasgd

CORRECTIONS

A & D Sheet as of 12 Nov	- Willis, Paul E	15 084 509 should read 15 804 459
" " " " 14 Nov	- Hodges, James	Pfc should read Pvt

R. C. Williams
R. C. Williams
Captain, MAC
Registrar

FOR MORNING
REPORT PUR-
POSES.CHANGE IN
STATUS, AS
FOR CDD,
FOR MORNING
REPORT PUR-
POSES.INCLUDES
CORRECTIONS
IN NAMES,
SERIAL NUM-
BERS, ETC.

1 FEB 1945

SOURCES OF DATA FOR THE ADMISSION AND DISPOSITION SHEET

LOCATOR CARD Source of data for all admissions

Blake GH	Doe, John C				
27	P	No	34 278	11 087 928	Pvt
Mrs Robert Doe (M)			27th Inf Div		
78 Wellman St					
Brookline, Mass			27	W	2 7/12 1 Sep 44
			Tr, SH Fort		
D	Capt	HAF	Belvoir, Va.		
1020					
LD Unk					
Doe, John C Pvt 27					

DISPOSITION SLIP Source of data for all dispositions

BLANK GENERAL HOSPITAL
FORT CORWIN, VIRGINIA

DISPOSITION SLIP

TO: Chief of Medical Service

WARD 17 DATE 20 November 44

NAME Pettib, Jerome A
(Surname) (Christian Name)

Tec 5 Ord Unadg
(Rank) (Co.) (Organization)

Patient recommended for:

☒ Discharge ☐ Transfer ☐ Furlough
Leave

Remarks _____

Profile 9111/3 AD H
Ward Officer

TO: C.O., Detachment of Patients

DATE 20 Nov 44

Office Chief Medical Service
Approved Disapproved

7.5.44
(Initials) Ch. Med Service

DATE 21 Nov 44

TO: Admitting Office:

Disposition: 1222 RR Station
Camp 4604, NY

Hour of Departure: 1000

Proper Station: Unadg
LD

DAS
C.O., Detach. of Patients

ABSENCE REQUEST Source of data for all authorized absences other than regular passes

TENTATIVE W.D., A.O.D. FORM NO. 8-170 1 July 1944		NAME (Last, First, Mid. Init.), ASN, GRADE <u>O'Connor, Raymond P</u> <u>12 045 184</u> <u>Pvt</u>		WARD <u>18</u>	DATE <u>1 Nov</u>
ABSENCE REQUEST		TYPE OF ABSENCE REQUESTED (Check one)			
<input type="checkbox"/> ADJUTANT (for Officer Patients) <input checked="" type="checkbox"/> C.O., DET. W.D. (for Enlisted duty Personnel) <input type="checkbox"/> C.O., DET. PTS. (for Enlisted Patients)		<input type="checkbox"/> OFFICER PATIENTS <input type="checkbox"/> ALL ENLISTED PERSONNEL <input type="checkbox"/> SICK LEAVE <input type="checkbox"/> ANNUAL LEAVE <input type="checkbox"/> SPECIAL PASS <input checked="" type="checkbox"/> FURLOUGH			
LENGTH OF TIME REQUESTED		TO VISIT (Street, R.F.D., City, State)			
FROM (DATE & HOUR) <u>0800 2 Nov</u> TO (DATE & HOUR) <u>2400 16 Nov</u>		<u>1500 Grand Concourse</u> <u>Bronx, New York</u>			
DO YOU HAVE SUFFICIENT FUNDS TO MAKE THE JOURNEY? (Check)		REASON FOR REQUEST			
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		<u>Convalescence</u>			
SIGNATURE OF APPLICANT <u>Raymond P O'Connor</u>		APPROVED: *SIGNATURE OR STAMP OF APPROVING AUTHORITY <u>Elmer Wilson Capt, MC</u> <u>Frank Smith, 1st Lt, MAC</u>			
IF DISAPPROVED, REASON FOR ACTION AND SIGNATURE WILL BE ENTERED IN THIS SPACE					
INSTRUCTIONS: Prepare one copy and forward to proper office as far in advance of effective date as possible. If approved, pass, furlough, or special order will be returned to ward. Form will then be forwarded to A&D office for their information.					
*TYPED NAME AND GRADE NOT REQUIRED					

24-63353-2M

SOURCES OF DATA FOR THE ADMISSION AND DISPOSITION SHEET (CONT'D)

REGULAR PASS LIST Source of data for authorized absences on pass

TENTATIVE W.D., A.G.O., FORM NO. 8-371 1 JULY 1944					EFFECTIVE DATE OF PASSES	
REGULAR PASS LIST					20	15 Nov 1944
LAST NAME, FIRST NAME, M.I.	GRADE	ASN	FROM (HOUR ONLY)	TO (DATE & HOUR)	DESTINATION	
Phillips, Henry R	Pvt	12 403 021	0800	0800 18 Nov	Buffalo, N.Y.	
McGee, Frank	Cpl	32 078 124	0800	0800 18 Nov	Sloan, N.Y.	
Smith, James	Tec 5	20 634 982	0800	0800 18 Nov	New York City	
Bergner, Howard R	Sgt	15 128 834	0800	0800 18 Nov	New York, N.Y.	

APPROVAL RECOMMENDED <i>Emil Jones, Capt QMC</i>	WARD OFFICER <i>[Signature]</i>	COMMANDING OFFICER DETACHMENT OF PATIENTS <i>Capt Mac</i>
INSTRUCTIONS Forward to Commanding Officer Detachment of Patients prior to time designated by Commanding Officer. Use separate lists for passes effective on different days. Approved passes will be returned to the ward on effective day.		

INTERWARD TRANSFER SLIP Source of data for all transfers between wards or between hospital and quarters or convalescent or reconditioning facilities

TENTATIVE W.D., A.G.O., FORM NO. 8-109 1 JULY 1944					INTERWARD TRANSFER SLIP		
LAST NAME	FIRST NAME	MIDDLE INITIAL	ARMY SERIAL NUMBER	GRADE			
Cannon	John	N	38 129 060	Pvt			
REMARKS (IF NECESSARY)					TRANSFERRING WARD 36	RECEIVING WARD 18	DATE 17 Nov
					SIGNATURE OR STAMP OF TRANSFERRING AUTHORITY (TYPED NAME AND GRADE NOT REQUIRED) <i>P C Hughes, Capt MC</i>		
TRANSFER COMPLETED							
REMARKS (IF NECESSARY)					HOUR 1500	DATE 17 Nov 44	
					SIGNATURE OR STAMP OF PERSONNEL ON RECEIVING WARD (TYPED NAME AND GRADE NOT REQUIRED) <i>J A Ross - 2nd Lt QMC</i>		
INSTRUCTIONS							
1. Transferring authority has one copy only prepared at time of transfer. 2. Interward transfer slip will accompany patient and clinical records to new ward. 3. Forward slip to Information Office immediately after transfer is completed. 4. Required concurrences will normally be obtained by telephone and will be held to a minimum.							

WARD MORNING REPORT

Forward one copy daily to office
compiling A & D Sheet at 2400
hours

DATE	WARD NO.	BEDS SET UP	PATIENTS PREVIOUS REPORT	TOTAL GAIN OF PATIENTS	TOTAL LOSS OF PATIENTS	PATIENTS REMAINING	VACANT BEDS
16 Nov 44	15	33	27	3	0	30	3

LIST EVERY PATIENT GAINED OR LOST BY THIS WARD
DURING 24 HOUR PERIOD ENDING 2400 HOURS ABOVE DATE

LAST NAME, FIRST NAME, MIDDLE INITIAL (Print correctly)	ARMY SERIAL NO.	ADMISSIONS					DISPOSITIONS				
		NEW ADMS.	RET. FROM PUB. LOUGH	RET. FROM LEAVE	RET. FROM AWOL	INTER. WARD TRF. FROM	DISCH. FE. HOSP.	PUB. LOUGH	LEAVE	AWOL	INTER. WARD TRF. TO
Todd, George R	0 737 896	✓									
Jones, James L	Civilian	✓									
Bixton, Thomas C	0 164 482		✓								
TOTALS		2	1								
		TOTAL GAIN		3	TOTAL LOSS		0				

W.D., A.G.O. FORM NO. 8-107
15 October 1944
This form supersedes W.D., A.G.O. Form No. 8-107, dated 18 July 1944, which may not be used upon receipt of this revision.

SIGNATURE
PC Carter, 2nd Lt, QMC

WARD MORNING REPORT Check for all sources of data

1 JUL 45

TM 8-262

165

TECHNICAL MANUAL

ADMINISTRATION OF FIXED HOSPITALS

ZONE OF INTERIOR

WAR DEPARTMENT
WASHINGTON 25, D. C., 1 July 1945

Add section 1, chapter IV.

[AG 300.7 (14 Jul 45)]

BY ORDER OF THE SECRETARY OF WAR:

OFFICIAL:

J. A. ULIO

Major General

The Adjutant General

G. C. MARSHALL

Chief of Staff

DISTRIBUTION:

AAF (2); AGF (2); ASF (2); S Div ASF (1); Sv C (Surg) (2); Dep 8 (2); Army Med Purchasing
O (2); Med Dept Repl Pools (5); T/O&E 8-650 (1).

Refer to FM 21-6 for explanation of distribution formula.

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1 JUL 45

CHAPTER IV. WARD ADMINISTRATION

Section 1. PROCEDURE FOR INTERWARD TRANSFERS

1. RESPONSIBILITY

The Commanding Officer is responsible for the promulgation of basic policies pertaining to interward transfers. The chiefs of services will transmit such policies to the ward officers who will be responsible for their execution. The chiefs of services will provide such supervision and advice as may be necessary to enable the ward officers to assume the responsibility for such transfers with a minimum of supervision.

2. AUTHORITY FOR TRANSFERS

a. In every case, the ward officers will, after consultation with chiefs of sections or services, take the necessary steps to accomplish interward transfers. They will be responsible for obtaining necessary concurrences, usually by telephone, and making the transfers without delay.

b. The following general rules concerning the concurrences required will apply:

(1) For transfers within a section the concurrences of the ward officers concerned should be sufficient.

(2) For transfers between sections within the same service, concurrences of chiefs of the sections may be required.

(3) In transfers between services the concurrences of chiefs of the services may be required.

c. Whenever possible, such concurrences will be delegated to ward officers.

d. In all instances, required concurrences for transfers should be secured by telephone which is the fastest possible means. Signatures of chiefs of sections or services will therefore not be obtained routinely, but the signature of the ward officer initiating the transfer will constitute a certificate to the effect that all necessary concurrences have been obtained.

INTERWARD TRANSFER SLIP WD AGO FORM 8-169

WD AGO FORM 8-169 1 JULY 1944		INTERWARD TRANSFER SLIP		
LAST NAME	FIRST NAME	MIDDLE INITIAL	ARM SERIAL NUMBER	GRADE
Doe	John	F	11 067 928	Priv
REMARKS (IF NECESSARY) For gastroscopy			TRANSFERRING WARD 27	RECEIVING WARD 39
			DATE 20 Sep '45	
			SIGNATURE OF TRANSFERRING AUTHORITY (TYPED NAME AND GRADE NOT REQUIRED) J A Jones	
TRANSFER COMPLETED				
REMARKS (IF NECESSARY)			TIME 1130	DATE 20 Sep '45
			SIGNATURE OF PERSONNEL ON RECEIVING WARD (TYPED NAME AND GRADE NOT REQUIRED) A B Waters	
INSTRUCTIONS				
1. Transferring authority has one copy only prepared at time of transfer. 2. Interward transfer slip will accompany patient and clinical records to new ward. 3. Forward slip to Information Office immediately after transfer is completed. 4. Required concurrences will normally be obtained by telephone and will be held to a minimum.				

APPEARANCE OF FORM AFTER
TRANSFER HAS BEEN COMPLETED

24-93382-01

1 JUL 45

3. INTERWARD TRANSFER SLIP

a. Interward transfers will be accomplished by use of WD AGO Form 8-169, prepared in single

copy only. When ink is used, care will be taken that all entries are legible.

b. Preparation of Interward Transfer Slip.

LAST NAME	FIRST NAME	MIDDLE INITIAL	ARMY SERIAL NUMBER	GRADE
Doe	John	F	11 067 928	Priv

ITEMS WILL BE ENTERED BY TRANSFERRING WARD.

REMARKS (IF NECESSARY)	TRANSFERRING WARD	RECEIVING WARD	DATE
For gastroscopy	27	39	20 Sep 45
SIGNATURE OF TRANSFERRING AUTHORITY (TYPED NAME AND GRADE NOT REQUIRED) J. A. Jones			

INFORMATION THAT WILL BE OF VALUE TO PERSONNEL RECEIVING THE PATIENT WILL BE ENTERED AS ILLUSTRATED.

REMARKS (IF NECESSARY)	TRANSFERRING WARD	RECEIVING WARD	DATE
For gastroscopy	27	39	20 Sep 45
SIGNATURE OR STAMP OF TRANSFERRING AUTHORITY (TYPED NAME AND GRADE NOT REQUIRED) J. A. Jones			

DATE TRANSFER IS INITIATED AND OTHER INFORMATION CALLED FOR IS ENTERED BY TRANSFERRING WARD. WARD OFFICER WHO HAS INITIATED TRANSFER AND OBTAINED NECESSARY CONCURRENCES WILL SIGN AS ILLUSTRATED. IF WRITTEN APPROVAL OF CHIEF OF SECTION OR SERVICE IS REQUIRED, HE WILL ENTER HIS INITIALS IN SAME SPACE AS WARD OFFICER'S SIGNATURE.

REMARKS (IF NECESSARY)	TRANSFERRING WARD	RECEIVING WARD	DATE
RTA Schedule for G. Allen	27	39	20 Sep 45
SIGNATURE OR STAMP OF TRANSFERRING AUTHORITY (TYPED NAME AND GRADE NOT REQUIRED) J. A. Jones			

ENTRIES WILL BE MADE IN THIS SPACE IF CONCURRENCE IN WRITING OF CHIEF OF SECTION OR SERVICE RECEIVING PATIENT IS REQUIRED. HIS INITIALS AND ANY PERTINENT REMARKS WILL BE NOTED.

REMARKS (IF NECESSARY)	TRANSFERRING WARD	RECEIVING WARD	DATE
	27	39	20 Sep 45
SIGNATURE OR STAMP OF TRANSFERRING AUTHORITY (TYPED NAME AND GRADE NOT REQUIRED) J. A. Jones			

HOUR AND DATE TRANSFER IS COMPLETED WILL BE ENTERED, AND THE WARD OFFICER, NURSE, OR OTHER AUTHORIZED INDIVIDUAL WILL SIGN AS ILLUSTRATED.

1 JUL 45

4. TRANSFER OF PATIENT AND RECORDS

Except in emergencies, no patient will be transferred without a properly filled out and signed Interward Transfer Slip. In addition, the following records will be sent to the receiving ward at the time of transfer:

Clinical records.

X-rays, if kept on ward.

Patient's Property Slip, WD AGO Form 8-111.

Bed card.

Ward locator card.

The patient's clothing and personal effects will also be transferred at the same time. Both the transferring and receiving wards will check the personal items transferred against the entries on the Patient's Property Slip. A record of the transfer of the patient will be made on the Ward Morning Reports of both the transferring and receiving wards.

WARD MORNING REPORT PREPARED BY TRANSFERRING WARD										
WD AGO FORM 8-107 1 JULY 1944 FORMERLY FORM W.O. M.D. 72	DATE	WARD NO.	BEDS SET UP	PATIENTS PREVIOUS REPORT	TOTAL GAIN OF PATIENTS	TOTAL LOSS OF PATIENTS	PATIENTS REMAINING	VACANT BEDS		
WARD MORNING REPORT	20 Sep 45	27	25	23	2	3	22	3		
LIST EVERY PATIENT GAINED OR LOST BY THIS WARD DURING 24 HOUR PERIOD ENDING 2400 HOURS ABOVE DATE										
LAST NAME, FIRST NAME, MIDDLE INITIAL (Print correctly)	ARMY SERIAL NUMBER	ADMISSIONS				DISPOSITIONS				INTER-WARD TRF. TO
		NEW ADMS.	RET. FROM FUR-LOUGH	RET. FROM LEAVE	RET. FROM AWOL	INTER-WARD TRF. FROM	DISCH. FR. HOSP.	FUR-LOUGH	LEAVE	
1. Stewart, Francis R	36 701 222	X								
2. Brown, Charles G	32 106 576		X							
3. McDonald, Joseph R	12 115 667						X			
4. Watson, Charles M	33 305 444						X			
5. Doe, John F	11 067 928									39

RECORD OF THE TRANSFER OF PATIENT WILL BE MADE ON THE WARD MORNING REPORT OF BOTH THE TRANSFERRING AND THE RECEIVING WARDS. MORNING REPORTS WILL BE SENT TO THE ADMITTING OFFICE AND INFORMATION REGARDING THE INTERWARD TRANSFER WILL BE INCLUDED ON THE ADMISSION AND DISPOSITION SHEET.

WARD MORNING REPORT PREPARED BY RECEIVING WARD										
LAST NAME, FIRST NAME, MIDDLE INITIAL (Print correctly)	ARMY SERIAL NUMBER	ADMISSIONS				DISPOSITIONS				
		NEW ADMS.	RET. FROM FUR-LOUGH	RET. FROM LEAVE	RET. FROM AWOL	INTER-WARD TRF. FROM	DISCH. FR. HOSP.	FUR-LOUGH	LEAVE	AWOL
1. Jones, Robert K	39 106 876	X								
2. Doe, John F	11 067 928					27				
3. Devlin, Edward M	33 606 111		X							

1 JUL 45

TM 8-262
CHAPTER IV

Forbes, Oscar P	31	212	406	T/sgt
Hummelby, Frederick J	32	006	107	Sgt
Richards, Donald S	34	661	502	Sgt
Evans, Hugh B	11	001	667	Pfc
Carlson, Stuart Z	33	405	988	Priv
Guiles, Arthur H	35	103	411	Priv
Thornton, James T	13	409	233	Priv
Root, Sinclair R	36	102	771	Priv
Stone, Herbert S	31	446	701	Priv
Capewell, Anson D	37	016	231	Priv
Campbell, William O	33	412	766	Priv

INTERWARD TRANSFER SLIP WILL BE PREPARED AS ILLUSTRATED FOR TRANSFER OF A GROUP OF PATIENTS FROM ONE WARD TO ANOTHER. IN SUCH A CASE, THE NAMES, SERIAL NUMBERS, AND GRADES OF THESE PATIENTS WILL BE ENTERED ON AN ADDITIONAL PIECE OF PAPER, AS SHOWN. THIS WILL BE ATTACHED TO THE INTERWARD TRANSFER SLIP, AND FORWARDED WITH IT.

INTERWARD TRANSFER SLIP
PREPARED FOR GROUP TRANSFER.

WD AGO FORM 8-169
1 JULY 1944

INTERWARD TRANSFER SLIP

LAST NAME	FIRST NAME	MIDDLE INITIAL	ARMY SERIAL NUMBER	GRADE
-----------	------------	----------------	--------------------	-------

REMARKS (IF NECESSARY)

TRANSFERRING WARD	RECEIVING WARD	DATE
14	21	10 Sep 45

SIGNATURE OF TRANSFERRING AUTHORITY
(TYPED NAME AND GRADE NOT REQUIRED)

M. A. Taylor

ONLY INFORMATION COMMON TO THE GROUP BEING TRANSFERRED WILL BE ENTERED ON WD AGO FORM 8-169.

TRANSFER COMPLETED

REMARKS (IF NECESSARY)

TIME	DATE
1630	10 Sep '45

SIGNATURE OF PERSONNEL ON RECEIVING WARD
(TYPED NAME AND GRADE NOT REQUIRED)

Mary E. Ogan

INSTRUCTIONS

1. Transferring authority has one copy only prepared at time of transfer.
2. Interward transfer slip will accompany patient and clinical records to new ward.
3. Forward slip to Information Office immediately after transfer is completed.
4. Required concurrences will normally be obtained by telephone and will be held to a minimum.

34-93359-61

1 JUL 45

5. DISPOSITION OF INTERWARD TRANSFER SLIP

Upon completion of the transfer, the Interward Transfer Slip will be forwarded to the information office where a record of the transfer will be entered on the locator card. At 2400 hours all Interward Transfer Slips pertaining to transfers accomplished during the day will be forwarded to the office compiling the Admission and Disposition Sheet for entry thereon.

6. EMERGENCY TRANSFERS

a. When the need is sufficiently urgent, the patient will be transferred without delay, and all necessary records will be completed and forwarded as soon as possible. All interested persons and offices will be notified and furnished necessary information by telephone.

b. When necessary, the Commanding Officer, Detachment of Patients, or the Provost Marshal, according to the circumstances, will order transfers to and from detention wards. Such transfers will not be made without first determining from the medical officer currently responsible for the care of the patient that no professional reason exists which will make such transfer inadvisable. When such a transfer is made, the officer ordering it is responsible for complying with all current directives per-

taining to the confinement or release from confinement of individuals.

7. GROUP TRANSFERS

Group transfers may be made by entering the following information on one copy of WD AGO Form 8-169:

8. INTERWARD TRANSFERS BY TELEPHONE

Whenever practicable, as in the case of smaller installations, interward transfers will be made without the use of WD AGO Form 8-169. All interested persons and offices will be notified by telephone.

9. NOTICE TO AGENCIES OTHER THAN THE INFORMATION OFFICE OF INTERWARD TRANSFER

All offices maintaining locator files will receive notice of the transfer from the Admission and Disposition Sheet, except the information office which is notified as outlined in paragraph 5, in order that their records will be current at all times. In this way, visitors may be furnished with proper information as to the location of patients.

✓
1 OCT 45

TM 8-262

TECHNICAL MANUAL ADMINISTRATION OF FIXED HOSPITALS ZONE OF INTERIOR

WAR DEPARTMENT
Washington 25, D. C., 1 October 1945

Remove page 4.1 and insert revised page 4.1 herewith.
Add sections 2 and 3, chapter IV.

[AG 300.7 (25 Sep 45)]

BY ORDER OF THE SECRETARY OF WAR:

OFFICIAL:

EDWARD F. WITSELL
Major General
Acting The Adjutant General

G. C. MARSHALL
Chief of Staff

DISTRIBUTION:

AAF (2); AGF (2); ASF (2); S Div ASF (1); SvC (Surg) (2); Dep 8 (2); Army Med
Purchasing O (2); Med Dept Repl Pools (5); T/O & E 8-650 (1). NO OVERSEA
DISTRIBUTION.

Refer to FM 21-6 for explanation of distribution formula.

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Section 2. WARD MORNING REPORT (WD AGO FORM 8-107)

10. DEFINITION AND PURPOSE

The Ward Morning Report (WD AGO Form 8-107) (formerly WD MD Form 72), is a consolidated report of all admissions and dispositions on a particular ward for a 24-hour period. Any event which effects a change in the ward census will be recorded, with the exception of enlisted patients absent on pass of less than 72 hours duration; and officers absent for periods of less than 24 hours, provided such absence is not charged against an officer's accrued leave. This report is the basis for compiling the Consolidated Ward Morning Report (sec. 14, ch. III).

11. RESPONSIBILITY AND PERIOD COVERED

The nurse in charge of each ward of the hospital at 2400 daily is responsible for the completion and dispatching of the report for the preceding 24-hour period, and for initiating a report form for the succeeding like period. During the period covered by the report, each nurse in charge of the ward will be responsible for the entries made during her time on duty; however, the accuracy of the completed report will be the responsibility of the nurse signing it.

12. DISTRIBUTION

The report will be prepared in one copy only, and immediately upon completion will be dis-

patched by special messenger to the Admission and Disposition Branch of the Registrar's Office.

13. CONTENTS

The report is designed to give a statistical picture of the census status of the ward for the period, showing all admissions, dispositions, transfers to and from other wards, and patients absent with and without authority.

14. SOURCE OF DATA

The information entered on the Ward Morning Report is obtained from the following sources:

a. The 5" x 3" locator card received from the Admission and Disposition Branch of the Registrar's Office with each patient admitted to the ward (sec. 2, ch. II).

b. Interward Transfer Slip (WD AGO Form 8-169).

c. Further information for the report is obtained under the following circumstances:

(1) The departure or return of any patient, for any reason, will be noted on the report.

(2) Knowledge of the failure of any militarized personnel to return within 24 hours of the expiration of his pass, furlough, or leave will be noted on the report.

15. PREPARATION

The Ward Morning Report will be accomplished throughout the 24-hour period as described in the following illustrations.

LOCATOR CARD

LIST EVERY PATIENT GAINED OR LOST BY THIS WARD
DURING 24 HOUR PERIOD ENDING: 2400 HOURS ABOVE DATE

White OH	Dodd, John C.
30 P No	32 184 11 067 928 Pfc
Mrs. Lois M. Dodd (M) 17 Holly Street Madison, Mass	Inf Unasgd 22 W .3 4/12 10 Sep 45
D Capt MWR	Direct-Casual

INSTRUCTIONS

1. Transferring authority has one copy only prepared at time of transfer.
2. Interward transfer slip will accompany patient and clinical records to new ward.
3. Forward slip to Information Office immediately after transfer is completed
4. Required concurrences will normally be obtained by telephone and will be held to a minimum.

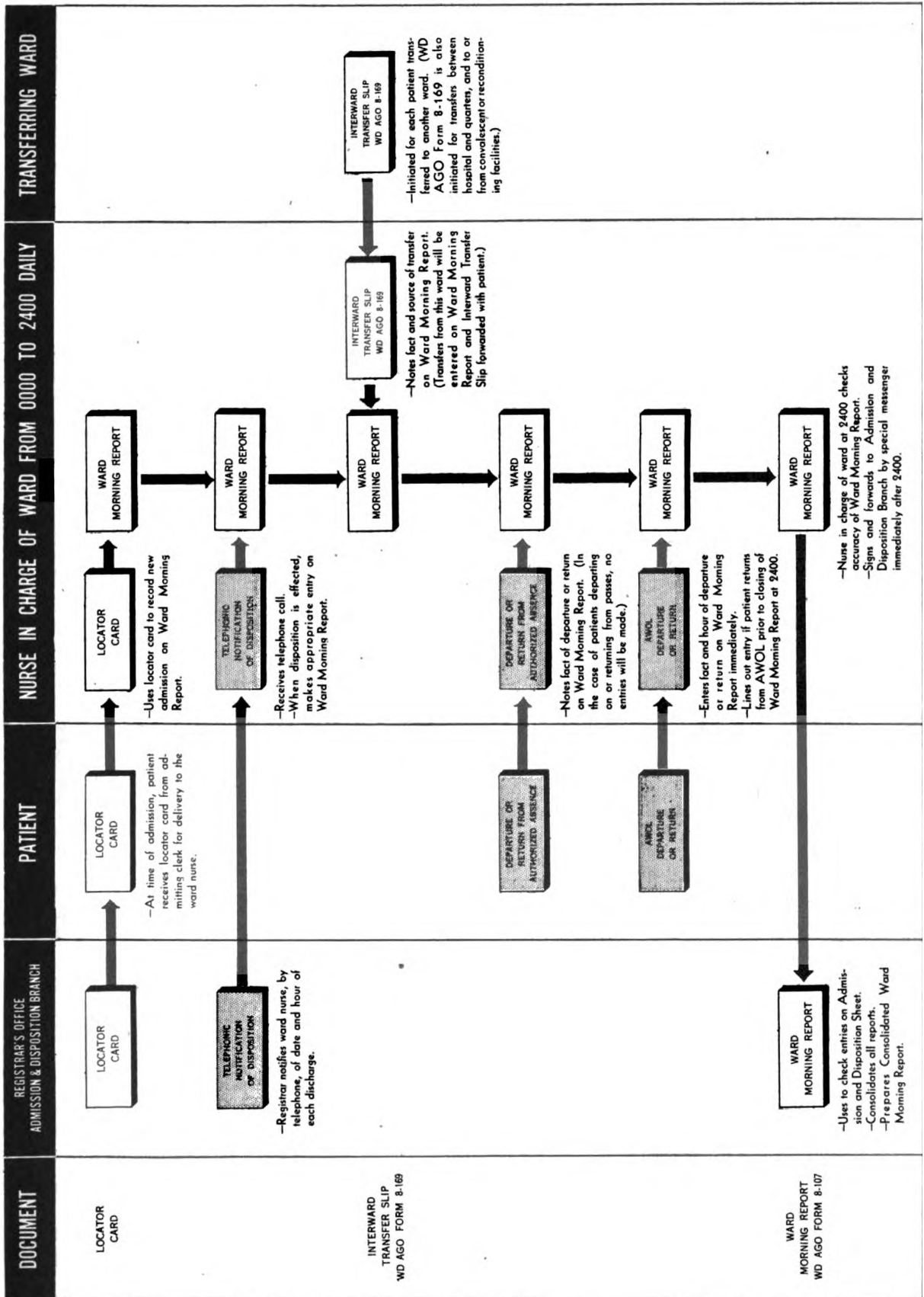
TM
CHAI

WARD MORNING REPORT	DATE	WARD NUMBER	BEDS SET UP	PATIENTS PREVIOUS REPORT	TOTAL GAIN OF PATIENTS	TOTAL LOSS OF PATIENTS	PATIENTS REMAINING	VACANT BEDS
Forward one copy daily to office compiling A & D Sheet at 2400 hours	10 Sep 1945	30	33	28	9	11	26	7

VACANT BEDS - Figure proved by subtracting figure in "Patients Remaining" from figure in "Beds Set Up."

ADMINISTRATIONS						DISPOSITIONS			
NEN ADM.	FROM PIT LOUSE	FROM LEAVE	FROM AWOL	INTER-WARD TRF FROM	DIRECT FROM BUREAU	TO PIT LOUSE	TO LEAVE	TO AWOL	INTER-WARD TRF TO
(All of 0800, 10 Sep)									✓
				22					
					✓				
	✓								
						.			
(All of 1030, 10 Sep)									✓
							✓		
								✓	
				CJ					RJ
✓									CJ
				26					RJ
(Death)					✓				
				RT					
(All of 1800, 10 Jan)									✓
1 / 2	1	+	2	1	2	1	1	3	+
TOTAL GAIN				9		TOTAL LOSS			//
SIGNATURES									
Marian Chamelle 1st Lt USMC									

PREPARATION AND DISTRIBUTION OF WARD MORNING REPORT



1 OCT 45

Section 3. DIAGNOSIS SLIP (WD AGO FORM 8-176)

16. DEFINITION AND PURPOSE

a. The Diagnosis Slip (WD AGO Form 8-176) is a record of each patient's clinical status during his period of hospitalization in a particular installation.

b. The purpose of the record is to keep the Registrar and statistical clerk constantly informed of a patient's medical status and any change therein, and it becomes, therefore, an important source of information in maintaining the statistical locator cards (sec. 2, ch. III).

FRONT

DIAGNOSIS SLIP	1. LAST NAME, FIRST NAME, MIDDLE INITIAL <u>Sand, Herman L.</u>				*REQUIRED ONLY WHEN STENCIL PROCEDURE IS USED
	2. REGISTER NO. <u>13 530</u>		3. ARMY SERIAL NO.* <u>31 760 110</u>		
	4. GRADE* <u>Pfc</u>				
	5. ORGANIZATION AND ARM OR SERVICE* <u>Inf unassigned</u>				
	6. AGE* <u>23</u>		7. RACE* <u>W</u>		
		8. LENGTH OF SER.* <u>3 3/12</u>		9. DATE OF ADMISSION* <u>2 Aug 45</u>	
10. SOURCE OF ADMISSION* <u>Trfd, Letterman GH, Cal</u>					
<p>INSTRUCTIONS: Original of INITIAL REPORT must be forwarded to Registrar by 1200 of the day following admission. File duplicate copy with clinical record. Answer all items. The information need only be tentative, but should be as correct as possible.</p> <p>A CORRECTED REPORT will be submitted without delay when any information submitted on the initial report is found to be incorrect, as in a change of diagnosis. AN ADDITIONAL REPORT will be submitted when supplemental information (including additional diagnoses) becomes available or when a condition is cured.</p>					
11. DATE <u>2 Aug 45</u>		12. WARD OFFICER <u>R. R Evans Capt MC</u>			13. WARD NO. <u>17</u>
14. TYPE OF REPORT (Check one)					
<input checked="" type="checkbox"/> INITIAL <input type="checkbox"/> CORRECTED <input type="checkbox"/> ADDITIONAL <input type="checkbox"/> STA. HOSP. <input type="checkbox"/> REG. HOSP. <input checked="" type="checkbox"/> GEN. HOSP.					
15. TYPE OF PATIENT (Check one)					
<input checked="" type="checkbox"/> INITIAL <input type="checkbox"/> CORRECTED <input type="checkbox"/> ADDITIONAL <input type="checkbox"/> STA. HOSP. <input type="checkbox"/> REG. HOSP. <input checked="" type="checkbox"/> GEN. HOSP.					
16. SPECIALTY (Check one)					
GENERAL MEDICINE		NEUROSURGERY		TROPICAL DISEASES	
GEN & ORTH SURGERY		CLOSED WARD NP		OPHTHALMOLOGIC SURGERY	
OPEN WARD NP		VASCULAR SURGERY		TRENCH FOOT	
THORACIC SURGERY		TUBERCULOSIS		SKIN DISEASES	
PLAST & MAX-FAC SUR		ARTHRITIS			
DEAF		NEUROSYPHILIS		FEMALE	
BLIND		RHEUMATIC FEVER		PW OFFICER	
<input checked="" type="checkbox"/> AMPUTEE		NEUROLOGY		PW EM	
17. PROBABLE DISPOSITION (Check one) IN APPROXIMATELY <u>180</u> DAYS					
<input type="checkbox"/> FULL DUTY <input type="checkbox"/> LIMITED DUTY <input type="checkbox"/> RETIREMENT <input checked="" type="checkbox"/> CDD TO OWN CARE <input type="checkbox"/> TRANSFER TO VAF <input type="checkbox"/> TRANSFER TO OTHER HOSPITAL					
18. HOSPITAL RECORDS REQUESTED (For probable CDD, record all previous hospitalization in U. S. Do not include records on ward.)					
HOSPITAL				DATE OF HOSPITALIZATION	
A. <u>Sea Hosp, Cps Craft, SC</u>				<u>12 Dec 43</u>	
B.					
C.					

WD AGO FORM 8-176
1 JUL 1945

16-45876-1

1 OCT 45

TM 8-262
CHAPTER IV

DIAGNOSIS SLIP WD AGO 8-176

BACK

19. DIAGNOSIS: (If an injury is involved, boxes 21 and 22 must also be completed.)		20. LINE OF DUTY (Check)					
		YES	NO	EPTS	AR 35-1440	AW 107	UND
A. <i>amputation, traumatic right leg, following shell blast</i> ✓							
B. <i>Malaria "Old"</i> ✓							
C.							
21. INJURY REPORT							
A. DATE AND HOUR OF INJURY <i>3 June 45</i>							
B. WHERE INCURRED <i>China</i>							
C. HOW INCURRED <i>24 L A</i>							
22. IS INVESTIGATING OFFICER REQUIRED? YES <input type="checkbox"/> NO <input type="checkbox"/>							
23. REMARKS (Enter here additional facts not furnished elsewhere on this form; as clothing, pay data, decorations, etc., which may be due the soldier. Be complete.) <i>Pd to incl me of Jun Claims Purple Heart award Requires full issue of clothing</i>							

U. S. GOVERNMENT PRINTING OFFICE 16-45874-1

1 OCT 45

17. USE OF THE DIAGNOSIS SLIP

a. The Diagnosis Slip may be accomplished as an "initial", "corrected", or "additional" record, as defined below, depending upon current circumstances. The latter two forms are supplemental to the initial record. When a Diagnosis Slip is prepared, it will be checked in the appropriate box in space 14 to indicate whether it is an initial, corrected, or additional report. The three types are defined as follows:

(1) An initial report is prepared for each patient on admission to the hospital. It is initiated by the Admission and Disposition Branch of the Registrar's Office and completed by the ward officer.

(2) A corrected report is accomplished when data submitted on the initial report are determined to have been in error, as in a change of diagnosis. It will indicate that the original data reported are no longer correct, and the records will be changed.

(3) An additional report will be submitted when supplemental information, such as an additional diagnosis, becomes available; or when a cured condition is reported. In such cases, it will be assumed that all previously reported data are still correct and are to remain on the records.

18. RESPONSIBILITY

Although initiated by the Admission and Disposition Branch of the Registrar's Office, the prime responsibility for the completeness and accuracy of the Diagnosis Slip lies with the ward officer actually treating the patient concerned. Furthermore, he is responsible for accomplishing and forwarding corrected and additional forms of the record as described in paragraph 20.

19. PERIOD COVERED

The initial Diagnosis Slip, with any supplemental corrected or additional forms, will cover the entire period of a patient's hospitalization at an individual medical installation.

20. NUMBER OF COPIES AND DISTRIBUTION

a. The Diagnosis Slip, whether initial, corrected, or additional slips, will be prepared in one original and one carbon copy.

b. Distribution of the three types of slips is as follows:

(1) *Initial slip.* Initiated by the Admission and Disposition Branch of the Registrar's Office

and both copies forwarded to the ward with the patient. Upon completion by the ward officer, the original will be forwarded to the Registrar. The duplicate copy will become a part of the patient's clinical records during his period of hospitalization, and will be destroyed at time of disposition of the patient.

(2) *Corrected and additional slips.* Initiated by the ward officer treating the patient, or by the representative of the Reconditioning Service actually giving exercises to the patient. The original is forwarded to the Registrar immediately on completion; the duplicate is retained with the patient's clinical records. Final disposition of corrected and additional slips is the same as described in (1) above for initial slips.

21. PREPARATION

a. The initial Diagnosis Slip will be initiated by the Admission and Disposition Branch of the Registrar's Office at the time of the patient's admission to the hospital. The admitting clerk will enter on the form the information required by spaces 1 to 10, inclusive. In those hospitals using the mechanical method of reproducing admission records, the forms will be processed by mimeograph or similar device. The forms will be forwarded to the ward with the patient.

DIAGNOSIS SLIP, SPACES 1 THROUGH 10

1. LAST NAME, FIRST NAME, MIDDLE INITIAL Sand, Herman J.				"REQUIRED ONLY WHEN STENCIL PROCEDURE IS USED"
2. REGISTER NO. 13 529	3. ARMY SERIAL NO. 31 760 110	4. GRADE Pfc		
5. ORGANIZATION AND ARM OR SERVICE Inf unassg				
6. AGE 23	7. RACE W	8. LENGTH OF SER. 3 3/12	9. DATE OF ADMISSION 2 Aug 45	
10. SOURCE OF ADMISSION Trfd. Letterman GH, Cal				
INSTRUCTIONS: Original of INITIAL REPORT must be forwarded to Registrar by 1200 of the day following admission. File duplicate copy with clinical record. Answer all items. The information need only be tentative, but should be as correct as possible. A CORRECTED REPORT will be submitted when (d) is checked on appropriate slip.				

SPACES 1 THROUGH 10 COMPLETED BY ADMITTING CLERK

1 OCT 45

b. On receipt of the slips, the ward officer will fill in spaces 11 to 14, inclusive.

DIAGNOSIS SLIP, SPACES 11 THROUGH 14

11. DATE <i>2 Aug 45</i>		12. WARD OFFICER <i>R. R. Evans, Capt MC 17</i>	
13. TYPE OF REPORT (Check one) <input checked="" type="checkbox"/> INITIAL <input type="checkbox"/> CORRECTED <input type="checkbox"/> ADDITIONAL		14. TYPE OF PATIENT (Check one) <input type="checkbox"/> STA. HOSP. <input type="checkbox"/> REG. HOSP. <input checked="" type="checkbox"/> GEN. HOSP.	

SPACES 11 THROUGH 14 COMPLETED BY WARD OFFICER IMMEDIATELY UPON RECEIPT OF THE FORM ON THE WARD.

c. After examination of the patient, the ward officer will complete the form by entering the

professional data as it may apply to the patient in the remaining spaces, and forward the original copy to the Registrar. Completion of an initial report will be accomplished within 48 hours after admission of the patient. The information entered thereon should be as exact as possible, but submission of the slips will not be delayed pending results of laboratory or other examinations, and will be forwarded even though the information is tentative.

d. Corrected and additional slips, when necessary as defined in paragraph 17a (2) and (3), will be initiated by the ward officer, or by the representative of the Reconditioning Service actually giving exercises to the patient concerned. On such slips, spaces 1 and 2 only will be completed in addition to the corrected or added professional information.

DIAGNOSIS SLIP, SPACES 15 THROUGH 23

15. SPECIALTY (Check one)		
GENERAL MEDICINE	NEUROSURGERY	TROPICAL DISEASES
GEN & ORTH SURGERY	CLOSED WARD HP	OPHTHALMOLOGIC SURGERY
OPEN WARD HP	VASCULAR SURGERY	TRENCH FOOT
THORACIC SURGERY	TUBERCULOSIS	SKIN DISEASES
PLAST & MAX-FAC SUR	ARTHRITIS	
DEAF	NEUROSYPHILIS	FEMALE
BLIND	RHEUMATIC FEVER	PW OFFICER
<input checked="" type="checkbox"/> AMPUTEE	NEUROLOGY	PW EN

17. PROBABLE DISPOSITION (Check one) IN APPROXIMATELY *180* DAYS
☐ FULL DUTY ☐ LIMITED DUTY ☐ RETIREMENT
☒ CDD TO OWN CARE ☐ TRANSFER TO VAF ☐ TRANSFER TO OTHER HOSPITAL

18. HOSPITAL RECORDS REQUESTED (For probable CDD, record all previous hospitalization in U. S. Do not include records on ward.)

HOSPITAL	DATE OF HOSPITALIZATION
<i>Sta Hosp, Cpi Craft, SC</i>	<i>12 Dec 43</i>

WD AGO FORM 1 JUL 1941 8-176

16-48276-3

SPACES 15 THROUGH 23 COMPLETED BY WARD OFFICER BY 1200 OF DAY FOLLOWING ADMISSION

19. DIAGNOSIS: (If an injury is involved, boxes 21 and 22 must also be completed.)		20. LINE OF DUTY (Check)					
<i>Amputation, traumatic right leg, following shell blast</i> <i>Malaria "Old"</i>		YES	NO	EPTS	AR 35-144b	AW 107	UND

21. INJURY REPORT
DATE AND HOUR OF INJURY
3 June 45

22. WHERE INCURRED
China

23. HOW INCURRED
W-L-A

24. IS INVESTIGATING OFFICER REQUIRED? YES ☐ NO ☒

REMARKS (Enter here additional facts not furnished elsewhere on this form; as clothing, pay data, decorations, etc., which may be due the soldier. Be complete.)
Pd to incl mo of Jan
Claims Purple Heart award
Requires full issue of clothing

22. CARE IN PREPARATION

The Diagnosis Slip is the source of the majority of data entered on the patient's statistical locator

card, and it is therefore essential that the ward officer accomplish each form completely and accurately before submitting it to the Registrar. Moreover, he will promptly accomplish and submit corrected and additional slips when necessary.

ADDITIONAL DIAGNOSIS SLIP

BACK

19. DIAGNOSIS: <i>(If an injury is involved, boxes 21 and 22 must also be completed.)</i>		20. LINE OF DUTY (Check)					
		YES	NO	EPTS	AR 35-1440	AW 107	UND
A. <i>Malaria "Old"</i>		✓	Cured				

FRONT

DIAGNOSIS SLIP		<small>*REQUIRED ONLY WHEN STENCIL PROCEDURE IS USED</small>	
1. LAST NAME, FIRST NAME, MIDDLE INITIAL <i>Sand, Herman L.</i>			
2. REGISTER NO. <i>13 530</i>	3. ARMY SERIAL NO.*		4. GRADE*
5. ORGANIZATION AND ARM OR SERVICE*			
6. AGE*	7. RACE*		8. LENGTH OF SER.*
10. SOURCE OF ADMISSION*			
INSTRUCTIONS: Original of INITIAL REPORT must be forwarded to Registrar by 1200 of the day following admission. File duplicate copy with clinical record. Answer all items. The information need only be tentative, but should be as correct as possible. A CORRECTED REPORT will be submitted without delay when any information submitted on the initial report is found to be incorrect, as in a change of diagnosis. AN ADDITIONAL REPORT will be submitted when supplemental information (including additional diagnoses) becomes available or when a condition is cured.			
11. DATE <i>8 Aug 45</i>	12. WARD OFFICER <i>A. R. Evans M C</i>	13. WARD NO. <i>17</i>	
14. TYPE OF REPORT (Check one) <input type="checkbox"/> INITIAL <input type="checkbox"/> CORRECTED <input checked="" type="checkbox"/> ADDITIONAL		15. TYPE OF PATIENT (Check one) <input type="checkbox"/> STA. HOSP. <input type="checkbox"/> REG. HOSP. <input checked="" type="checkbox"/> GEN. HOSP.	
16. SPECIALTY (Check one)			
<input type="checkbox"/> GENERAL MEDICINE	<input type="checkbox"/> NEUROSURGERY	<input type="checkbox"/> TROPICAL DISEASES	
<input type="checkbox"/> GEN & ORTH SURGERY	<input type="checkbox"/> CLOSED WARD NP	<input type="checkbox"/> OPHTHALMOLOGIC SURGERY	
<input type="checkbox"/> OPEN WARD NP	<input type="checkbox"/> VASCULAR SURGERY	<input type="checkbox"/> TRENCH FOOT	
<input type="checkbox"/> THORACIC SURGERY	<input type="checkbox"/> TUBERCULOSIS	<input type="checkbox"/> SKIN DISEASES	
<input type="checkbox"/> PLAST & MAX-FAC SUR	<input type="checkbox"/> ARTHRITIS		
<input type="checkbox"/> DEAF	<input type="checkbox"/> NEUROSYPHILIS	<input type="checkbox"/> FEMALE	
<input type="checkbox"/> BLIND	<input type="checkbox"/> RHEUMATIC FEVER	<input type="checkbox"/> PW OFFICER	
<input type="checkbox"/> AMPUTEE	<input type="checkbox"/> NEUROLOGY	<input type="checkbox"/> PW EM	
17. PROBABLE DISPOSITION (Check one) IN APPROXIMATELY _____ DAYS <input type="checkbox"/> FULL DUTY <input type="checkbox"/> LIMITED DUTY <input type="checkbox"/> RETIREMENT <input type="checkbox"/> CDD TO OWN CARE <input type="checkbox"/> TRANSFER TO VAF <input type="checkbox"/> TRANSFER TO OTHER HOSPITAL			
18. HOSPITAL RECORDS REQUESTED (For probable CDD, record all previous hospitalization in U. S. Do not include records on ward.)			
HOSPITAL		DATE OF HOSPITALIZATION	
A.			
B.			
C.			

WD AGO FORM 8-176
1 JUL 1945

10-4876-1

MALARIA "OLD," REPORTED ON INITIAL DIAGNOSIS SLIP, CURED. CURE REPORTED TO OFFICE OF THE REGISTRAR BY MEANS OF AN ADDITIONAL DIAGNOSIS SLIP.

TECHNICAL MANUAL
ADMINISTRATION OF FIXED HOSPITALS
ZONE OF INTERIOR

U.S. WAR DEPARTMENT
Washington 25, D.C., 15 November 1945

Add chapter VI.

[AG 300.7 (15 Oct 45)]

BY ORDER OF THE SECRETARY OF WAR:

OFFICIAL:

EDWARD F. WITSELL
Major General
Acting The Adjutant General

G. C. MARSHALL
Chief of Staff

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Refer to FM 21-6 for explanation of distribution formula.

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CHAPTER VI. MESS ADMINISTRATION

Section 1. INTRODUCTION

1. GENERAL

a. Mess management is one of the most important functions of hospital administration. The welfare and morale of patients and hospital personnel are dependent, in no small degree, upon food service, and therefore the highest standards of messing principles must be instituted and maintained.

b. With the assignment of competent and efficient supervisors, the commanding officer can be assured of a satisfactory mess. However, the maintenance of standards set for his mess will require his continuing personal attention.

c. This chapter defines the Dietetics Division of Army hospitals in the zone of interior, its personnel and their responsibilities and duties; and the pro-

cedures to be followed in the administration of hospital messes. It is coordinated with chapter VII, and the two chapters will jointly control mess administration.

d. The procedures presented herein may require minor adjustment to local conditions peculiar to certain medical installations. However, major deviations will not be made without the concurrence of the service or air force commander exercising jurisdiction.

e. The development of administrative mess procedures by hospital installations in the zone of interior which are considered improvements over those described herein will be reported through channels to the Office of The Surgeon General.

Section 2. DIETETICS DIVISION

2. ORGANIZATION

a. GENERAL

This section describes the organization of the Dietetics Division by organizational chart and text. The chart shown below illustrates the standard organization of the Dietetics Division of an Army hospital in the zone of interior. Following the chart is a textual explanation, delineating the functions of the various personnel comprising the division. In the chart shown, the director of dietetics is charged with the additional duty of hospital mess officer, and is assisted by the hospital food service supervisor and by the custodian of the hospital fund. The director of dietetics may be charged with all three additional duties, or they may be filled by other commissioned personnel at the discretion of the commanding officer.

b. DIRECTOR OF DIETETICS

This officer supervises and coordinates the activities of the division, and advises the commanding officer on all matters pertaining to its operation. In order to properly carry out his duties it is necessary that he be well qualified in all phases of the administrative functions of mess management. His duties are divided as follows, and they may be carried out by himself or delegated to others as the commanding officer deems advisable:

(1) *Hospital food service supervisor.* (a) Inspects messes when food is being prepared, particularly just prior to serving, in order to assure a minimum of time between preparation and serving.

(b) Spot-checks Cooks' Worksheet for Hospitals WD AGO Form 8-221 in order to ascertain that required information is promptly and properly recorded, and that instructions for preparing and timing of meals are followed.

(c) Spot-checks the condition and quality of perishable supplies in storage with a view to preventing loss through deterioration.

(d) Checks food waste in the wards and patients' and detachment messes, and initiates corrective action when necessary.

(e) Checks stock and inventory record cards to assure that storerooms are not overstocked.

(f) Coordinates with the commanding officer and ward officers on problems concerning special meals and serving times.

(g) Calls regular meetings with the mess personnel for the purpose of discussing local problems of the food service program. In this respect, he will adapt and coordinate their ideas and skills toward improved food service.

(h) Reports to the commanding officer on the status of the hospital food service, or to the director of dietetics if the latter does not perform the above duties.

(2) *Hospital mess officer.* (a) Initiates the requisitioning of supplies, equipment, and personnel for the messes, in coordination with the head dietitian.

(b) Supervises the distribution of supplies and equipment.

(c) Directs administrative control over the central meat cutting shop and bakery.

(d) Is responsible for the assignment and training of mess personnel.

(e) Is responsible for the periodic physical examinations of all mess personnel as prescribed in paragraph 13, AR 40-205.

(f) Maintains sanitary requirements in messes, kitchens, and storerooms; is responsible for the cleanliness of linen, silverware, dishes, trays, cooking utensils, and garbage cans.

(g) Is responsible for the segregation and disposal of garbage.

(h) Is responsible for discipline in the mess hall.

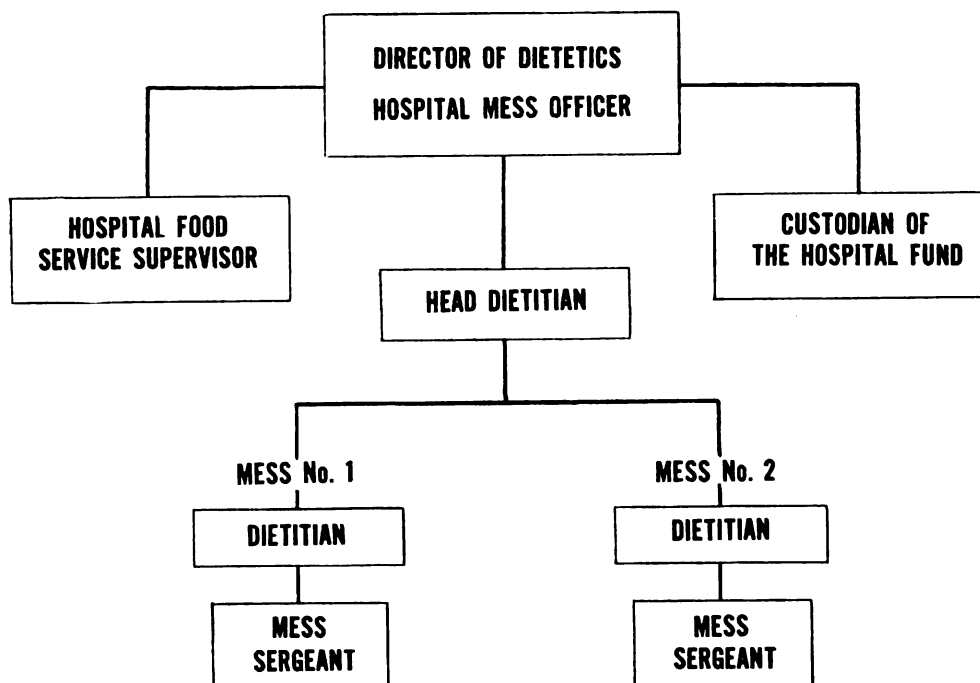
(i) Takes necessary measures for proper maintenance of mess equipment.

(j) Supervises procedure in mess halls for making collections in cash for meals from those required to pay; forwards such collections to custodian of the hospital fund.

(k) Maintains records pertinent to his duties.

(3) *Custodian of the hospital fund* (ch. VII).
(a) Receives, accounts for, and disburses all monies of the subsistence account in accordance with current directives.

ORGANIZATIONAL CHART



- (b) Accountable for all durable property purchased from the hospital fund.
- (c) Maintains records pertinent to his duties.

c. HEAD DIETITIAN

- (1) Supervises the planning of nutritionally adequate menus for all messes.
- (2) Checks menus to insure that the cost of the foods being used will not exceed prescribed allowances; when necessary and practicable, substitutes items.
- (3) Is responsible for the instruction of special diet patients.
- (4) Determines requirements for food supplies and equipment for all messes.
- (5) Regularly inspects food stocks with a view to preventing spoilage and insuring proper turn-over of slow-moving items.
- (6) Coordinates with the director of dietetics and hospital food service supervisor in obtaining special foods for patients, and in applying the food conservation program on the wards.
- (7) Is responsible for the supervision of the preparation and serving of foods, including pastry products prepared by the central bakery.
- (8) Standardizes servings and posts instructions pertaining thereto in ward diet kitchens as an aid in food conservation.
- (9) Supervises the dietitians, and is responsible for their assignments and performance on duty.
- (10) Maintains records pertinent to her duties.

d. DIETITIAN

- (1) Prepares menus for use in the messes and for special diets under the direction of the head dietitian.
- (2) Determines food supply needs with the assistance of the mess sergeant and head cook.
- (3) Is responsible for the supervision of food preparation and serving in the respective messes.
- (4) Determines food and supplies required for wards from information contained on diet slips (WD AGO Form 8-109).
- (5) Checks food carts to assure that they are properly maintained and that food is properly distributed.
- (6) Assists the hospital mess officer in maintaining orderliness and cleanliness.
- (7) Prepares and maintains the Cooks' Worksheet.
- (8) Instructs special diet patients.

- (9) When no dietitian is assigned to the wards, spot-checks tray service, visits patients receiving trays, and instructs special diet patients at the direction of the head dietitian.

e. MESS SERGEANT

- (1) Checks the receipt and storage of food.
- (2) Maintains the inventory record accounts of subsistence items.
- (3) Maintains property records, and immediately reports unserviceable equipment to the hospital mess officer.
- (4) Assists the dietitian in the preparation and maintenance of the Cooks' Worksheet.
- (5) Checks the Cooks' Worksheet, ascertaining that all required information is promptly and properly recorded and that instructions for preparing, timing, and recording are being followed.
- (6) Maintains time sheets on civilian employees.
- (7) Assists the dietitian in supervising food preparation, serving, and conservation.
- (8) Assists in maintaining cleanliness and orderliness in the mess, storeroom, and kitchen.
- (9) Maintains discipline in the mess.
- (10) If no dietitian is on duty, he will be responsible for that officer's administrative duties.
- (11) He will perform other duties that may be assigned to him.

f. MESS STEWARD

In large installations a mess steward may be appointed as administrative assistant to the hospital mess officer. This noncommissioned officer or civilian should be thoroughly familiar with Army Regulations and procedures as applied to mess management. When a mess steward is present, the following duties will be assigned to him:

- (1) Assist the hospital mess officer in the supervision of all messes.
- (2) Supervision of receipt and storage of food supplies and equipment.
- (3) Maintenance of stock control and accounting for stock.
- (4) Supervision of sanitary requirements in all messes.
- (5) Supervision of central meat cutting shop and bakery.
- (6) Controls distribution of expendable and sanitation supplies for the messes.
- (7) When no dietitian is on duty, he will be responsible for that officer's administrative duties.

Section 3. PERSONNEL

3. SELECTION AND ASSIGNMENT OF CIVILIAN EMPLOYEES

a. The Civilian Personnel Branch of the Personnel Division is charged with the procurement of civilians to fill vacancies in all divisions of the hospital. The director of dietetics will interview individuals referred by this branch prior to assignment to the division. It is essential that he be familiar with the duties involved in each position in the Dietetics Division so that he may adequately determine in which one the individual referred may best be utilized.

b. Before determining that an individual should be assigned to the Dietetics Division, the director will consider such factors as length of service in previous positions, general mental attitude, enthusiasm and qualifications for the prospective position, and associated factors such as age, marital status, place of residence, and educational background.

c. The director of dietetics will review with the individual the possibility of advancement, increase in pay, and privileges; and will further review living conditions on the job and other pertinent factors of employment in the hospital. The Civilian Personnel Branch will have discussed these matters, but in reviewing them with the individual personally, the director of dietetics will assure personnel under his supervision of his interest in their welfare.

d. After an interview the director of dietetics will indicate to the Civilian Personnel Branch the individuals whom he feels are suitable for any vacancies in the Dietetics Division.

Periodic conferences will be held with personnel for the purpose of discussing problems relative to their duties.

5. DUTY HOURS

a. ENLISTED PERSONNEL

Enlisted personnel may be scheduled to work on the customary "day on and day off" plan. Such schedule will not be followed if the operation of the mess can be improved by scheduling the work of any or all of such personnel in any other acceptable manner.

b. CIVILIAN PERSONNEL

(1) *Civilian Personnel other than mess attendants.* The duty hours of civilian personnel may be staggered throughout the work-day period so that the majority of personnel will be on duty during the peak hours of the work day. Such staggering of duty hours can be accomplished as illustrated by the accompanying chart. Before adoption of staggered work schedules in which employees would be required to work more than 8 hours each day, approval will be obtained by request through normal channels from the director of personnel of the appropriate service command.

(2) *Mess attendants.* Scheduling duty hours of civilian mess attendants constitutes a problem due to the time lag between meal-serving periods. The most practicable method of accomplishing this is by dividing these employees into two groups, one of which will be on duty from 0600 to 1430, and the other from 1000 to 1830. Both groups will have 30-minute periods free for meals. Suggested schedules are illustrated in the accompanying chart.

4. TRAINING

In coordination with, and under the supervision of the Training Branch of the Personnel Division, the director of dietetics will conduct a training program for personnel assigned to the Dietetics Division. The mechanics of such program will be dependent upon local conditions, such as the number of persons assigned, the time available for training, the availability of instructors, etc. The cooks' and bakers' school located in the service command, traveling instruction teams, and all available Technical Manuals will be utilized to the fullest extent possible.

6. ABSENTEEISM

The director of dietetics will study the causes of absenteeism and, on the basis of such study, will endeavor to remedy the causes and so keep it to a minimum. By scheduling favorable duty hours for certain individuals with the best attendance records and by reassigning such individuals to more desirable positions when vacancies occur, these measures will serve as incentives to employees to keep their records clear of absenteeism.

SUGGESTED WORK SCHEDULES

SCHEDULE FOR MESS ATTENDANTS																										
Employee Number	0600 to	0630 to	0700 to	0730 to	0800 to	0830 to	0900 to	0930 to	1000 to	1030 to	1100 to	1130 to	1200 to	1230 to	1300 to	1330 to	1400 to	1430 to	1500 to	1530 to	1600 to	1630 to	1700 to	1730 to	1800 to	Total Time on Duty
PLAN 1: Schedule arranged for six employees - showing an overlap of hours during the middle of the day.																										
1	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	8
2	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	8
3	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	8
4	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	8
5	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	8
6	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	8
Number on Duty	3	3	3	3	3	0	3	3	3	6	6	6	6	6	6	6	6	6	3	3	3	3	3	0	3	48
PLAN 2: Schedule arranged to have more employees on duty at breakfast and dinner and cut down overlap of personnel during the middle of the day.																										
1	X	X	X	B	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	11
2	X	X	X	X	B	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	S	X	6 1/2
3	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	6 1/2
4	X	X	X	B	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	11
5	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	S	X	6 1/2
6	X	X	X	X	B	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	6 1/2
Number on Duty	4	4	4	2	2	4	4	4	4	4	4	4	6	6	4	4	4	4	4	4	4	4	4	2	2	48

NOTE.—PRIOR TO ADOPTION OF PLAN 2, APPROVAL MUST BE OBTAINED BY REQUEST THROUGH CHANNELS TO THE DIRECTOR OF PERSONNEL OF THE APPROPRIATE SERVICE OR AIR FORCE COMMAND.

SCHEDULE FOR COOKS																														
Cook to No.		0400 to 0430	0430 to 0500	0500 to 0530	0530 to 0600	0600 to 0630	0630 to 0700	0700 to 0730	0730 to 0800	0800 to 0830	0830 to 0900	0900 to 0930	0930 to 1000	1000 to 1030	1030 to 1100	1100 to 1130	1130 to 1200	1200 to 1230	1230 to 1300	1300 to 1330	1330 to 1400	1400 to 1430	1430 to 1500	1500 to 1530	1530 to 1600	1600 to 1630	1630 to 1700	1700 to 1730	Time on Duty	
Meal Service Periods:																														
		(Breakfast)						(Dinner)						(Supper)																
		X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
1	X		X	X	X	X	X	X	B	X	X	X	X	X	X	X	X	X	X										8	
2		X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	8	
3		X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	8	
4		X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	8	
5		X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	8	
No. on Duty		1	2	2	2	3	3	3	3	2	4	5	5	5	5	4	4	2	3	3	3	3	3	2	1	1	1	1	40	

LEGEND: Time periods marked "X" show employee on duty. Time periods marked "D", "B", and "S" indicate employee is off duty for the respective meal period.

EXPLANATION.—PLAN 1 ILLUSTRATES A PRACTICABLE METHOD OF WORKING SIX MESS ATTENDANTS IN TWO 8-HOUR SHIFTS, FROM 0600 TO 1430 AND FROM 1000 TO 1830, ALLOWING EACH PERSON 30 MINUTES FOR ONE MEAL IN EACH 8-HOUR WORKDAY. BY THE USE OF THIS METHOD, THREE ATTENDANTS WILL BE ON DUTY FOR BREAKFAST AND SUPPER, AND SIX ATTENDANTS ON DUTY FOR DINNER.

PLAN 2, AS AN ALTERNATIVE METHOD, ILLUSTRATES THE WORK HOURS OF SIX ATTENDANTS SO STAGGERED AS TO HAVE AT LEAST FOUR ON DUTY FOR THE PEAK WORKLOAD OF BREAKFAST AND SUPPER, AND SIX ON DUTY FOR THE PEAK WORKLOAD OF DINNER. THIS PLAN NECESSITATES WORKING TWO ATTENDANTS 11 HOURS AND FOUR 6 1/2 HOURS DAILY.

EXPLANATION.—A PRACTICABLE METHOD OF WORKING FIVE COOKS IN CONTINUOUS SHIFTS FROM 0400 TO 1730, ALLOWING FOUR EMPLOYEES 30 MINUTES FOR ONE MEAL IN EACH 8-HOUR WORKDAY. COOK NO. 3 IS SHOWN IN THE CHART AS SHIFT LEADER AND, AS HE IS PRESENT FOR THE PREPARATION OF THE THREE MEALS, HAS THREE 30-MINUTE PERIODS OFF DUTY.

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7. ASSIGNMENT CARDS

In larger installations and in those having a high turn-over in personnel, the office of the director of dietetics will prepare an assignment card for each civilian assigned to the Dietetics Division. At the end of the initial interview and upon acceptance of the employee, the director will deliver this card, illustrated below, to the individual to insure his reporting to the proper place at the proper time. This card will also serve to introduce the new employee to his immediate supervisor for assignment purposes.

ASSIGNMENT CARD		
<u>Frank Faust</u> Name	<u>CPC 2</u> Grade	
Report to <u>Sgt John Staler</u> Mess Sergeant		
<u>Mess No. 1</u> Place	<u>6 Aug 1945</u> Date	<u>0600</u> Time
Assignment <u>Mess Attendant - Table Waiter</u>		

NOTE.—THIS CARD WILL BE REPRODUCED LOCALLY IN THE FORM ILLUSTRATED AND WILL BE FILLED IN AT THE TIME THE INDIVIDUAL'S SUITABILITY FOR THE ASSIGNMENT IS DETERMINED.

Section 4. MENUS AND FOOD PROCUREMENT

8. MENUS

a. FOOD PROCUREMENT

Originates with the planning of the menus by the head dietitian. Primarily, menus must be nutritionally adequate; in addition, they should be planned to have the items of a specific meal vary in texture and presented as attractively as may be practicable with current mess facilities.

b. PREPARATION

Prepare master menus 4 weeks in advance. The quartermaster may require estimates of meat and perishables as much as a month in advance of actual date of issue.

c. EQUIPMENT

When preparing the menu the type and capacity of available mess equipment must be considered. As an impracticable example, consider the following items of a meal: Baked ham, au gratin potatoes, and corn pudding. This meal would overload the capacity of the ovens and necessitate a too early preparation of some items to complete the meal on time.

The au gratin potatoes should be changed to mashed potatoes or some form not requiring oven preparation.

9. PROCUREMENT

a. The Master Menu issued by the Office of The Quartermaster General will be used as a guide for hospital menus. This menu constitutes a basis for the control of food stocks held or procured by the Army, and will be followed as far as practicable.

b. The head dietitian originates orders for subsistence items in accordance with daily menus. Before ordering, she must thoroughly check food stocks on hand and on order to avoid over-accumulation and resultant spoilage of perishable items. To simplify the procurement and issue of food and to reduce the work load in the central baking and meat cutting shops, it is advisable to use the same basic menu for all messes so far as practicable.

c. Dietitians will be furnished the cost price, on request, of any subsistence item or items in order that they may adequately plan menus within the prescribed ration allowance.

d. Since perishable items must be requisitioned from 2 to 4 weeks prior to issue, the hospital mess officer will submit requisitions well in advance of date of use. Perishable items may be stored by the

quartermaster, or commercial firms in some instances, and drawn upon as required. Quantities of food items on order, as well as those purchased and held in storage, will be accurately shown on the Hospital Fund Perpetual Inventory Card (WD AGO Form 8-160).

e. It is advisable for the dietitian of each individual mess to maintain a Perishable Food Control form for each item of perishable food requisitioned by the hospital mess officer for her individual mess. The following illustration of a Perishable Food Control Form is suggested for local reproduction.

[illegible]

EXPLANATION:

JUL—100 POUNDS OF CREAM CHEESE, IN UNITS OF 1 POUND, AT A UNIT COST OF 50 CENTS, REQUISITIONED BY THE HOSPITAL MESS OFFICER FOR USE IN JULY. THIS ORDER WILL BE STOCKED IN QUARTERMASTER STOCKROOM, TO BE DRAWN ON ACCORDING TO DAILY REQUIREMENTS.

3 JUL—THE DIETITIAN PLACED AN ORDER FOR 50 POUNDS TO BE DRAWN ON THE MONTHLY REQUISITION BUT RECEIVED ONLY 40 POUNDS, LEAVING A REMAINDER OF 60 POUNDS DUE ON THE ORIGINAL REQUISITION.

11 JUL—30 POUNDS ORDERED AND RECEIVED, LEAVING 30 POUNDS REMAINING DUE

20 JUL—30 POUNDS ORDERED, 20 POUNDS RECEIVED, LEAVING 10 POUNDS REMAINING DUE.

AUG—125 POUNDS AT A UNIT COST OF 54 CENTS REQUISITIONED BY THE HOSPITAL MESS OFFICER FOR USE IN AUGUST. THE DIETITIAN HAS ADDED THIS AMOUNT TO THAT SHOWN ACCUMULATED ON PREVIOUS REQUISITION, SHOWING 135 POUNDS REMAINING TO BE DRAWN UPON.

5 AUG—40 POUNDS ORDERED AND RECEIVED, LEAVING 95 POUNDS REMAINING TO THE CREDIT OF THE MESS.

10. QUARTERMASTER PURCHASES

All subsistence items which can be supplied by the local sales commissary will be obtained by the hospital mess officer from that source. The location of the sales commissary or the market center from which items of subsistence are obtained, as well as other factors determined by local conditions in each

case, will determine the number of days in advance of issue that requisitions must be submitted. If the field ration is used, the problem of obtaining perishable items will be largely eliminated. Only those items not available from the quartermaster will be purchased from the market center.

11. COMMERCIAL PURCHASES

a. It is frequently desirable for the local sales officer to contract for items such as milk, bread, ice cream, etc., and this will be done whenever possible in order to keep purchases from commercial sources at a minimum.

b. When the quartermaster is unable to furnish subsistence items, as evidenced by a properly executed Certificate of Nonavailability, the hospital mess officer may purchase such items on the open market.

12. REQUEST FOR BIDS

When bids are requested for the purchase of subsistence items, especially those of a perishable nature, the grade or quality and size, when indicated, of the items bid on will be specified (for example, green beans, grade A; fresh peaches, grade B; oranges for juice, 288's). The purchasing officer will assure him-

self that the contending bidders will furnish the grade of produce desired, and that where large discrepancies appear in tendered bids, he will examine the produce in order to ascertain its grade and quality. Substitutions will not be made or accepted by the purchasing officer without the approval of the hospital mess officer.

13. COFFEE PROCUREMENT

Stocks of coffee must be kept at an absolute minimum to avoid deterioration. When local facilities exist, coffee should be ground in the mess as needed. If ground in advance, no more than 3 days' supply will be prepared at one time, and will be kept in airtight containers. The sales officer should be informed in advance of coffee requirements, confining the order to no more than 15 days' supply. All coffee supplied by subsistence depots shows the roasting date; these dates should be carefully inspected and only that product accepted which contains a recent date.

Section 5. FOOD STORAGE

14. COLD STORAGE FACILITIES

Some hospitals can provide generous cold storage space; others find it difficult to store perishable foods in excess of 2 or 3 days' supply. The latter installations must watch closely their perishable food procurement so that no greater quantities are received than can be safely stored. Frozen food, except that for immediate use, should not be ordered unless low temperature refrigeration rooms are available.

15. MARKING WALK-IN REFRIGERATORS, REACH-IN BOXES

Placards will be prepared and placed on the doors of all refrigerators, showing the items stored therein and constant temperatures to be maintained. Proper use of placards will enable inexperienced employees to find food items without unnecessary search and consequent temperature loss. Refrigerators should be kept locked except during preparation of meals. The mess sergeant will be entrusted with the keys and held responsible for food losses.

16. DATING PERISHABLES

All perishable items, such as cabbage, lettuce, grapefruit, etc., will be marked with crayon or chalk on the container showing the date received in order to insure that the oldest stock will be used first. Semiperishable items as canned fruits which may "swell" and canned vegetables which may develop "flat sour," etc., will also be date-marked to insure proper stock rotation.

17. ARRANGEMENT OF STORES

Dry stores will be arranged in storerooms in a manner so that older stocks will be used first. Equipment items will be kept in a separate section if they are stored in the same room with food stocks. Neat and classified arrangement of items will facilitate periodic inventorial work. Empty bottles, containers, etc., should be returned promptly for credit or turned into salvage for disposal.

[illegible]

DESCRIPTION STOCK NUMBER						LOCATION						PRICE		DATE	
ORDERED		QUANTITY				ORDERED		QUANTITY							
DATE	QUANTITY	DATE	REC.	ISSUED	BALANCE	DATE	QUANTITY	DATE	REC.	ISSUED	BALANCE				
11/2	144	11/5	144		144										
11/9	144	11/8		P1 96	48										
11/16	144	11/19	144		192										
		11/30	To adjust to phys count	4	188	<div style="background-color: black; color: white; padding: 10px; transform: rotate(-30deg); display: inline-block;"> WILL BE ENTERED IN RED INK. </div>									

HOSPITAL FUND PERPETUAL INVENTORY CARD

WD AGO FORM 1 Nov 1945. 8-160

HOSPITAL

GRANT GENERAL HOSPITAL

HOSPITAL FUND PERPETUAL INVENTORY CARD, Adjusted

by an actual count of the items delivered without reference to invoices or packing lists.

21. INVENTORY CARD

A Hospital Fund Perpetual Inventory Card (WD AGO Form 8-160) will be maintained for each item of food in stock. Receipts and issues will be posted daily and the new balances entered. Quantities of each item ordered and the date order is placed will be entered on the card. In those hospitals operating several messes it may be desirable to indicate to which mess items are issued. This may be accomplished by inserting figures or letters, indicative of individual messes, on the appropriate line of the "Issued" column (for example, "P1" Patients' Mess No. 1; "DM" Detachment Mess, etc.).

22. MONTHLY INVENTORY

A monthly inventory will be taken as of the last day of each calendar month, at which time a physical count of all subsistence items in the central storeroom or individual messes, as the case may be, will be made. The inventory will be made by a person or persons other than the storeroom clerk, preferably by a disinterested officer assigned the task by the commanding officer. The quantities, as determined by the inventory, will be compared item by item with the balances shown on the inventory record cards. Care will be exercised that all receipts and issues effected prior to the count are posted to the cards before the comparison is made. The custodian of the hospital fund will investigate the causes of discrepancies between the physical count and figures shown on the cards. After the count has been accepted by the custodian, the Hospital Fund Perpetual Inventory Card balances will be adjusted to the physical count quantities. The adjustment will be entered on the cards as a receipt or issue, as the case may be, with the notation "To adjust to physical count," in red ink.

23. ISSUE

a. Issue of subsistence items to fill menu requirements will be made as requested by the dietitian of each mess, with the approval of the head dietitian. She will request orders on the Hospital Fund Issue Slip (WD AGO Form 8-159) submitted to the storeroom in duplicate. The form will list ingredients and desired quantities of each for the day's meals, except those for pastry products and special items.

In a similar manner, she will request on similar forms special items required on the wards such as ginger ale, fruit juices, etc. Issue slips for pastry products, listing the necessary ingredients, will be prepared by the head dietitian for all messes, and the products equitably allocated to the messes.

b. The issuing clerk in the storeroom will check on the forms the items delivered, and obtain receipt therefor from the mess sergeant and from the chief baker for the central bakery. The original copy of the issue slip will be retained in the storeroom and will be the basis for the entry of issues on the inventory cards; the duplicate will be forwarded to the mess with the items ordered.

24. CENTRAL MESS STOREROOM DISTRIBUTION

At hospitals where a central mess storeroom is established, distribution also will be accomplished by means of the Hospital Fund Issue Slip, separate forms being used for each individual mess. The central mess storeroom will operate as a distinct unit of the mess organization, and will maintain the Hospital Fund Perpetual Inventory Cards. Subsistence items will be obtained from the quartermaster and commercial firms and distributed directly to the individual messes from the central storeroom. All items received by the central storeroom will be posted to the inventory record cards.

25. CENTRAL MEAT CUTTING SHOP DISTRIBUTION

a. At installations where meat processing is accomplished by a central meat cutting shop, such shop will be considered a part of the central mess storeroom. Meat, whether processed or unprocessed, will be carried on the inventory record cards of the central storeroom until issued to the messes.

b. To simplify the charging of meat to the messes, it will be necessary to consider every part of the carcass as being of equal value. Each mess will receive and be charged with bones, fat, trim, etc., in an equitable manner.

26. CENTRAL BAKERY DISTRIBUTION

a. At installations where pastry production is accomplished in a central shop, such shop will be considered a part of the central mess storeroom.

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HOSPITAL FUND ISSUE SLIP	HOSPITAL	DATE
	Grant General	2 Nov 45
ISSUE TO: Mess No. 1		
DESCRIPTION	UNIT	QUANTITY
Veal carcass - leg	lb	275
Potatoes - white	100 lb bush	4
Carrots, fresh	crate	1
Onions, fresh	50 lb crate	5
Beans, string	10 can	15
Tomatoes	2 1/2 can	60
Raisins	7 lb box	3
Mayonnaise	qt	15
Milk, evaporated	14 1/2 oz can	60
Bread	lb	233
Butter	lb	37
Milk, fresh	1/2 pt	1250
Ice Cream	gal	16 1/4
Simmered	lb	50
Bologna	lb	50
Cheese, Kraft	50 lb pkg	10
Eggs	doz	95
Celery	10 lb bush	1/2
Oranges, fresh	150 lb crate	1
Oranges, fresh	176 lb crate	3
Apples, eating	113 lb bush	1
Lemons	doz	5
Crackers	20 lb pkg	13
Pears	2 1/2 can	20
Tea	lb	2 1/2
Beef, carcass	lb	25
Peas, green	2 can	10
Radishes	bush	1
Oats, rolled	3 lb pkg	10
Bacon	lb	75
AUTHORIZED BY Brenda Bass, Major, M.D.		RECEIVED BY

WD AGO FORM 8-159
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Lemons	doz	5	✓
Crackers	20 lb pkg	13	✓
Pears	2 1/2 can	20	✓
Tea	lb	2 1/2	✓
Beef, carcass	lb	25	✓
Peas, green	2 can	10	✓
Radishes	bush	1	✓
Oats, rolled	3 lb pkg	10	✓
Bacon	lb	75	✓
AUTHORIZED BY Brenda Bass, Major, M.D.		RECEIVED BY Sgt John Staler	

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HOSPITAL FUND ISSUE SLIP, Showing items received

b. Ingredients for the production of pastry for the day will be issued to the central pastry shop by the central storeroom on issue slips, prepared in

duplicate. Unbroken packages of pastry ingredients and canned fruit will be returned at the end of the day to the central storeroom.

Section 7. FOOD PREPARATION AND SERVICE

27. TIMING

a. The most common fault in food preparation is improper timing. Foods must be so prepared in order to be finished just prior to serving time. Nutrients are lost and palatability impaired when they are prepared early and kept warm in steam tables.

b. In establishing a basis for timing food preparation, always compute backward from the time of service to the beginning of the required cooking time for each item, allowing 15 minutes additional. The dietitian will enter the starting time on the Cooks' Worksheet, and if dinner is being served at 1130, and an item requires an hour to prepare, the dietitian will enter 1015 as the starting time; the cook will enter the time the item is completely finished. Cooking time, and the time lag between the completion of the item and serving, thus may be checked from this worksheet.

c. The Cooks' Worksheet will be standardized in the form illustrated below. These worksheets are to be made up a day in advance and posted on the kitchen bulletin board for the cooks' reference. The dietitian will enter the menu, including the quantity of each item to be used, starting time for each item to be cooked, and specific cooking instructions. Proper use of this form will assist in the control of timing and food waste. Detailed instructions for the proper completion of the worksheet are to be found on the reverse side of the form.

28. UNCOOKED ITEMS

Uncooked items should be prepared concurrently with cooked items, and not in advance of meal periods. For example, orange juice is frequently prepared, and grapefruit cut, the evening preceding the intended breakfast use, resulting in a loss of vitamin C. Salads prepared too early may become unpalatable and lose valuable nutrients.

29. SHORT ORDER PREPARATION

Such foods as eggs, hot cakes, steaks, etc., will be given short order preparation whenever possible.

For example, if fried eggs are to be served, all griddles should be made available and the eggs fried as the men are being served. In this connection, the system of stacking plates at the griddles and sending the eggs to the serving line immediately upon cooking has been found practicable. An alternative plan is the use of sheet pans, sending one pan at a time to the serving line.

30. WARD KITCHEN PREPARATION

Where facilities exist, it has been found practicable to prepare certain food items such as eggs, toast, fruit juices, etc., in the ward kitchens. The use of such plan will facilitate the serving of nonambulatory patients.

31. FOOD SERVICE

a. MEAL PERIODS

Two main factors influence the time element of serving the various personnel in the hospital. The first is the total number of people that can be accommodated in the dining room simultaneously; second, the total number to be fed. It is advisable to assign specific mess hours to wards and groups of personnel. The following is suggested for serving hours:

	<i>Breakfast</i>	<i>Dinner</i>	<i>Supper</i>
Detachment mess.....	0630-0730	1130-1230	1630-1730
Patients' mess:			
Ward carts.....	0645	1130	1645
Special diets (ambulatory).....	0700-0715	1130-1145	1630-1645
Regular diets (ambulatory).....	0715-0745	1145-1230	1645-1730
Officers' mess:			
Patient officers.....	0700-0800	1200-1230	1700-1730
Duty officers.....	0700-0800	1200-1230	1700-1730
Civilians (in detachment mess).....	0730-0745	1200-1230	1700-1730
Mess personnel—During or immediately after the serving periods in their respective messes.			
Midnight meal.....	2300-2400		

1000

MENU	QUANTITY	SPECIAL INSTRUCTIONS TO COOKS	COOKING TO START	COOKING COMPLETED	QUANTITY PREPARED IN UNITS	UNITS SHORT	UNITS OVER	REMARKS (Use for leftovers shown in Col d)
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)
Orange juice	1 3/4 crates	See on counter	1530	0615	7 gal.		39 to	Used for smoothies
Steak fresh ground	15 1/2 lb bag		Day before		1/2 cup		1/2 gal.	To be used.
Potatoes	1 lb		1530	0615	1 can			
Ory cereals	65 boxes							
Applesauce	14 dozen	Apples needed during evening	1600	0800	14 doz			
Braised ham	90 slices	Prepared as needed during morning period.	1030	0800	90 slice			
Veget	160 slices	Prepared as needed during evening period.	1600	0800	8 cans			
Butter	3 lbs							
Coffee milk	80 1/2 pt. cans							
Vegetable soup	2 1/2 gallons		0900	1115	2 1/2 gals			
Chet. loaf of pork	18 lbs		0945	1100	68 lbs		15 lbs	To be used as collateral
Gravy	2 gallons							
Wart Applesauce	1 gallon							
Mashed potatoes	1 lb		1030	1125	2 1/2 gals			
Buttered peas	20 lbs	Cook in small quantities	1030	1115	18 lbs			
Stomach	1 cup	15 servings; make as needed. Keep skilled.	1030	1120	20 lbs			
Kings Arch	1 doz							
Hot rolls	1 doz	Blue from Habrath's						
Hot cake	1 doz	Cut 9 x 9					1/2 cab	Use for supper
Coffee	1 can							
Apple	2 1/2 st. boxes							
Spinach soup	1 1/2 gallons	Use recipe.	1400	1600	11 1/2 gal.			
Baked potatoes	130 each	Prepared as needed during serving period.	1015	1725	135 ea.			
Bean baked potatoes	10 servings	Cut as skill.	1500	1600	110 doz			
Buttered string beans	25 lbs		1500	1555	2 1/2 lbs		1 1/2 lb	To be used.
Bread	3 lbs							
Butter	2 1/2 lbs							
Red watermelon	1 melon	Chill.						
Chocolate	1 box	Put out left-over cake					1 1/2 doz	
Coffee	milk							

NOTE.—COOKING TIMES SHOWN IN WORKSHEET HAVE BEEN PLANNED FOR A MEAL SCHEDULE OF BREAKFAST FROM 0630 TO 0800, DINNER FROM 1130 TO 1300, AND SUPPER FROM 1600 TO 1730.

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1 DEC 1945

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TM 8-262
CHAPTER VI

(10) DAILY SUMMARY				(11)
MEAL	NO. MEN PREPARED FOR (a)	NO. MEN ACTUALLY FED (b)	EDIBLE WASTE IN POUNDS (c)	DATE
BREAKFAST	80	80	1 3/4 lb	24 August 1945
DINNER	130	125	2 1/4 lb	WESS
SUPPER	100	95	1 3/4 lb	DILITIAN
TOTAL (d)	310	300	5 3/4 lb	Barbara A. Miller, 1st Lt, MARS
AVERAGE NO. MEN FED (e)			100	VERIFIED BY (Name and Grade)
				Quack S. Young 1st Lt MHC MARS
COLUMN	TO BE FILLED IN BY	INSTRUCTIONS		
1.	Dietitian	Enter Menu for each meal of following day.		
2.	Dietitian	Enter quantity of each item to be used as a guide for the First Cook.		
3.	Dietitian	Enter cooking instructions as a guide for cooks. When detailed instructions are necessary, this worksheet will be accompanied by standardized recipe.		
4.	Dietitian	Enter "starting time" for each item to be cooked. When the original starting time cannot be complied with the responsible cook will enter the actual starting time and state the reason for the change under "Notes."		
5.	Cook	Enter "time" that cooking of each item is completed.		
6.	Cook	Enter quantity of each item prepared. State quantity in units: each, quarts, lbs, etc.		
7.*	Dietitian	Enter at the completion of each meal the number of units "short" for each item where a shortage occurred.		
8.*	Dietitian	Enter at the completion of each meal the number of units "over" for each item where an overage occurred.		
* NOTE: Use the same unit of measure as in Column "6".				
9.	Dietitian	Enter instructions to cooks to guide them in the use of leftovers within the following 24 hours.		
10.	Dietitian	Enter figures in this table as follows:		
a. No. Men Prepared for.				
b. No. Men Actually Fed.				
c. Edible Waste in Pounds. Enter in the spaces provided all edible waste, including plate scrapings, at the completion of each meal. Items such as raw and cooked bones, rinds, etc., will not be included. Total the amounts for the three meals to obtain daily total.				
d. Total "a" and "b" at end of day.				
e. To arrive at "Average Number of Men Fed" divide "Total Number of Men Actually Fed" by 3.				
11.	Dietitian	Complete information called for, such as Menu, Dietitian, etc.		
12.	Cook	This section to be used by the cooks for suggestions to the Dietitian relative to the preparation of meals, requisition of supplies, etc.		
12 NOTES				

b. INDIVIDUAL SERVICE

Special diet patients and those unable to utilize the cafeteria service will be served individually immediately prior to the regular cafeteria meal. This may be accomplished by either of two methods:

(1) *Family style service.* Under this method items of the meal are placed on the table in platters and serving dishes, and the patients permitted to help themselves.

(2) *Tray service.* By this method the patient is served by a mess attendant with an individual tray containing a portion of each item on the menu.

c. SPECIAL DIET PATIENTS

Special diet patients will be permitted to eat in the mess as soon as their physical conditions permit, provided facilities are available. They will be given diet cards indicating their diets to present to the mess sergeant. If a change in a special diet is reported less than an hour before the serving time of the meal, it will not be accomplished until the following meal.

d. FOOD CART SERVICE

The dietitian will prepare charts indicating the items and portions of food to be placed on each food cart from information contained on the Diet Slip (WD AGO Form 8-109). These Diet Slips will be delivered to the kitchen by 0800 daily, and any changes made will be reported to the mess sergeant immediately by telephone.

32. SILVERWARE SUPPLY

For cafeteria service the silverware will be placed in boxes with separate compartments for knives, forks, teaspoons, and tablespoons. The handles of silverware will be turned toward the serving line to reduce the possibility of eating surfaces of the pieces being touched.

33. PREHEATING DISHES

In messes where dishes are used for serving, the plates intended for hot foods should be preheated. If compartments for heating dishes are not available, they may be improvised by inclosing the lower section of the serving counter, and removing the insulation from the steam pipes through these compartments.

SPECIAL DIET CARD

Ward 15 Date 5 Aug 45

Name John Cameron

Diet Convalescent ulcer

H. H. Davidson, Captain
Mess Officer

34. COUNTER SUPPLY

In hospitals using the cafeteria style of service, the hospital mess officer will assign one or more attendants to function as supply men. They will replenish food stocks on the steam table counter as needed. Displayed food will not be allowed to develop a "picked-over" appearance, nor will the supply of an item be permitted to become exhausted before replenishing. It is further advisable to train two or more attendants as meat carvers as an aid in expediting the service during rush periods.

35. SERVING PERSONNEL

The hospital mess officer or dietitian will hold frequent meetings with the personnel serving at meals to instruct them in the proper methods of serving, how to handle requests for additional food, general comportment, etc. Prior to each meal the hospital mess officer or dietitian will inspect serving personnel, as well as those in the kitchen, for clean and neat uniforms, clean fingernails, and general appearance. The hospital mess officer will constantly check mess employees, both Army and civilian, for compliance with paragraph 13, AR 40-205.

36. PORTION CONTROL

a. Personnel serving at the counters should know the amount of food of normally apportioned servings. It is often expedient to set up sample trays showing the attendants the correct portions and their positions on the plate or tray. Dietitians will instruct new personnel prior to each meal in sizes of portions to be served.

15 NOV 45

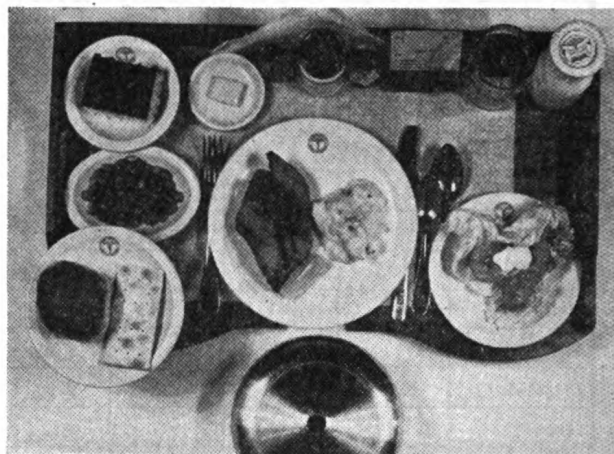
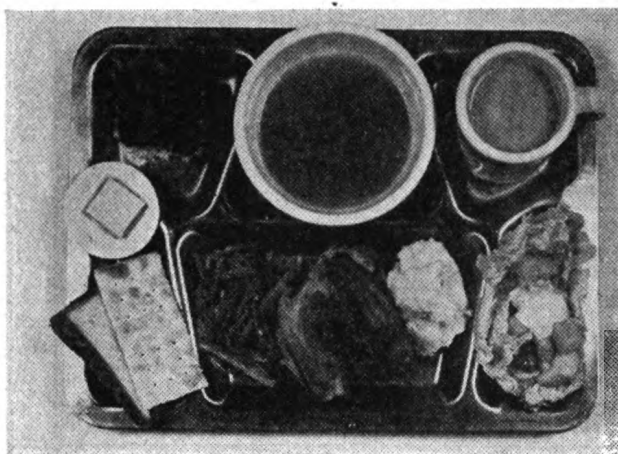
TM 8-262
CHAPTER VI

DIET SLIP					WARD	DATE	
SPECIAL ITEMS				OTHER	PERSONNEL MESSING		
ITEM	DINNER	SUPPER	BREAKFAST	TIME	PATIENTS	WARD	MESS HALL
BREAD WHITE			6	1000	DIET LIQUID	3	
W. WHEAT			1		SOFT	5	
RYE					LIGHT	7	
COCOA				1/2 lb	SPECIAL (see below)	8	2
COFFEE				1 lb	REGULAR	9	16
GINGER ALE				2 ea	TOTAL PATIENTS	32	18
GRAPE JUICE				2 ea	DUTY PERSONNEL ENLISTED		
LEMONS				6 ea	CIVILIAN		2
ORANGES				20 ea	TOTAL FED	32	20
SUGAR				2 lbs	SPECIAL DIETS		
TEA BAGS				24	DIET	WARD	MESS HALL
Salt				1 lb	Diabetic	2	
					Low Fat, hi carb	4	
BUTTER	1/2 lb	1/2 lb	1/2 lb		Sippy	2	
BUTTERMILK					Gau (soft)		2
CREAM			1 qt				
MILK		32	50				
EGGS			36				
BEEF TEA	1 qt						
BROTH		1 qt					
FRUIT JUICE			2 qt				
MALTED MILK							
MILK SHAKE					REMARKS		
SIPPY CREAM			6 qt				
ORANGE JUICE			2 qt				
TOMATO JUICE							
CUSTARD	4				SIGNATURE OF RESPONSIBLE OFFICER		
GRUEL			1 qt				
JUNKET		4					
					<i>Jane Adams</i> 2nd Lt QMC		

INSTRUCTIONS: Diet slip for patients will be accomplished daily and submitted to dietitian by 0800, covering requirements for dinner and supper of that date, and breakfast of following day. Diet slips for newly admitted patients and personnel, or changes in diets, will be accomplished promptly and submitted to dietitian. Changes may be made verbally and confirmed later in writing.

WD AGO FORM 8-109
1 Nov 1945

PROPER TRAY ARRANGEMENT



b. The following prepared food items are listed with normal servings as a guide:

Meats, Vegetables, and Potatoes

	Quantity
Meats—hot	
Bacon	2 slices
Sausage links	2 each
Sausage patties	2 each
All kinds of steak	1 each
Chops, veal and pork	1 large or 2 small
All roast meats	1 large or 2 small slices
Cutlet	1 each
Lamp chops	2 small or 1 large
Frankfurters	2 each
Spareribs	2 each
Hamburgers	2 each, small, or 1 large
Meat balls (or savory sausage balls)	2 each, small, or 1 large
Liver	1 slice
Stew	6-oz. ladle, rounded
Meat pie with crust or biscuit	6-oz. ladle, rounded with biscuit
Ham, baked	1 large or 2 small slices
Ham, fried	1 slice
Meat loaf	1 slice
Meats—cold (used for cold plates)	
Ham	1 slice
Bologna	1 large or 2 small slices
Braunschweiger	2 slices
Luncheon meats	2 slices
Salami	2 slices
Combination of meats	Equivalent of one serving of any above
Chicken	
Roast (1 light, 1 dark)	2 slices or small pieces
Broiled	½ broiler
Fried	1 piece
Fricassee	1 piece with gravy
Casserole	1 6-oz. ladle, rounded
Creamed	1 6-oz. ladle
Fish	
Croquettes	1 large or 2 small
Baked	1 slice or 1 each, small
Fried	1 slice or 1 each, small
Vegetables	
All vegetables (except the following)	1 perforated serving spoon, rounded
Asparagus	4 or 5 stalks
Broccoli	1 medium stalk
Corn, boiled, fresh	1 medium ear
Potatoes	
Candied sweet	1 large or 2 small
Mashed	1 No. 10 scoop
Creamed	1 serving spoon, rounded
Escalloped	1 serving spoon, rounded
French fried	1 serving spoon, rounded
Hash brown	1 perforated serving spoon, rounded

Lyonnaise
Franconia
Baked
Buttered
Macaroni and cheese
Spaghetti or noodles
Hominy grits
Spoonbread

1 perforated serving spoon, rounded
1 medium potato
1 each
1 medium potato
1 serving spoon, rounded
1 serving spoon, rounded
1 serving spoon, rounded
1 serving spoon, rounded

Fruits

	<i>Breakfast or desserts</i>	<i>When used as salad</i>
Stewed		
Prunes	3 medium	
Peaches	1 half	
Apricots	2 halves	
Rhubarb	1 serving spoon	
Canned		
Peaches, sliced	4 slices with juice	
Peach, halves	1 half with juice	1 half on lettuce
Apricots	2 halves with juice	2 halves
Figs	2 large or 3 medium	2 large or 3 medium
Applesauce	1 serving spoon, rounded	
Royal Anne Cherries	6 each with juice	
Plums, whole	2 each with juice	
Pineapple, sliced	1 slice with juice	1 slice
Pineapple, cubes	1 serving spoon	4 cubes
Pears	1 half, large, or 2 halves, small, with juice	1 half
Cocktail, fruit	1 serving spoon	1 serving spoon
Fresh fruits		
Tangerines	1 each	
Apples	1 each	
Oranges	1 each	
Bananas	1 each	1/2 each
Fresh cherries	10 each	
Strawberries	1 serving spoon	
Grapefruit	1/2 grapefruit	
Peaches	1 each	
Fresh pineapple, diced	1 serving spoon	
Fresh plums	2 each	
Blackberries	1 serving spoon	
Cantaloupe	1/2 medium or 1/3 large	
Blueberries	1 serving spoon	
Honeydew melon	1 piece, 6 servings per melon	
Watermelon	1 piece, 15 to 20 servings per melon	
Fresh grapes	1 bunch, small	
Fresh pears	1 each	
Raspberries	1 serving spoon	

Salads

	<i>Quantity</i>
Chopped vegetable, no lettuce	1 serving spoon
Mixed vegetable on lettuce	1 serving spoon
Shredded vegetable on lettuce	1 serving spoon
All fruit salads on lettuce	1 serving spoon
Potato salad on lettuce	1 serving spoon
Chopped meat salads on lettuce	1 serving spoon
Pickles	1 whole or 2 slices
Celery	1/4 stalk
Radishes and green onions	2 each
Cabbage salad	1 serving spoon
Molded fruit salad cut into squares	1 square
Pickle-celery-olives	1 each

Salad Dressings

Mayonnaise type	1 teaspoon
French type	1 teaspoon

Desserts

Puddings (all kinds)	1 serving spoon
Brown Betty	1 serving spoon
Baked apples	1 medium
Gelatine	2 inch square
Ice cream	1 cut
Fruit whips	1 serving spoon
Cakes or cottage pudding with sauce	1 square with large tablespoon sauce
Sweet rolls	1 each
Cakes	1 serving
Plate pies	1 piece, six servings per pie
Cookies	2 each

37. SELF SERVICE

Where personnel is limited, some hospitals have found a satisfactory method in permitting persons to serve themselves in the cafeteria line. When this method is used, persons usually will take only such items in the amounts they desire, thus diminishing plate waste. Unsatisfactory factors of this system are slowing of the serving line, spilling of food, and a tendency to pick over items. Close observation must be maintained to avoid these faults.

38. CIVILIAN FEEDING

Civilians, except for those whose contracts require that they be fed, should be encouraged to take their meals at the post exchange or other nearby restaurants. However, when civilians are authorized to subsist at the hospital mess they will be fully informed of mess rules and expected to comply with them. Messing privileges of civilian employees may be withdrawn by the hospital mess officer upon provocation.

Section 8. FOOD CONSERVATION

39. GENERAL

The director of dietetics is responsible for the food conservation program of the hospital. This program can be accomplished effectively only by the cooperation of all personnel either working in or served by the mess. Efforts will be directed toward reducing the amount of edible food discarded as garbage, but without reducing either the quality of the food or the quantity actually required.

40. CAUSES OF EDIBLE FOOD WASTE AND THEIR CONTROL

a. The four major causes of edible food waste in Army hospitals are as follows:

- (1) Improper planning of menus which are not suited to the general food habits of the personnel fed.
- (2) Storage waste.
- (3) Preparation waste.
- (4) Plate waste.

b. The first step in eliminating excessive waste lies with the proper planning of menus. Experience has taught hospital dietitians which foods are generally liked and disliked by patients and personnel, and such experience should govern the planning of menus when possible. Simple, plain foods are ordinarily preferred, and by their use considerable waste may be avoided in the initial stages.

c. Storage waste may be controlled by keeping stocks at a level consistent with needs, rotation of stock (use of older items first), and close supervision

maintained in the vegetable preparation rooms to prevent undue waste before the raw products reach the kitchen. (See sec. 5.)

d. Preparation waste includes careless trimming, improper cooking, and excessive seasoning. These factors can be eliminated by constant supervision on the part of the dietitian and mess sergeant. The director of dietetics will provide adequate supervision for individual messes to eliminate this cause.

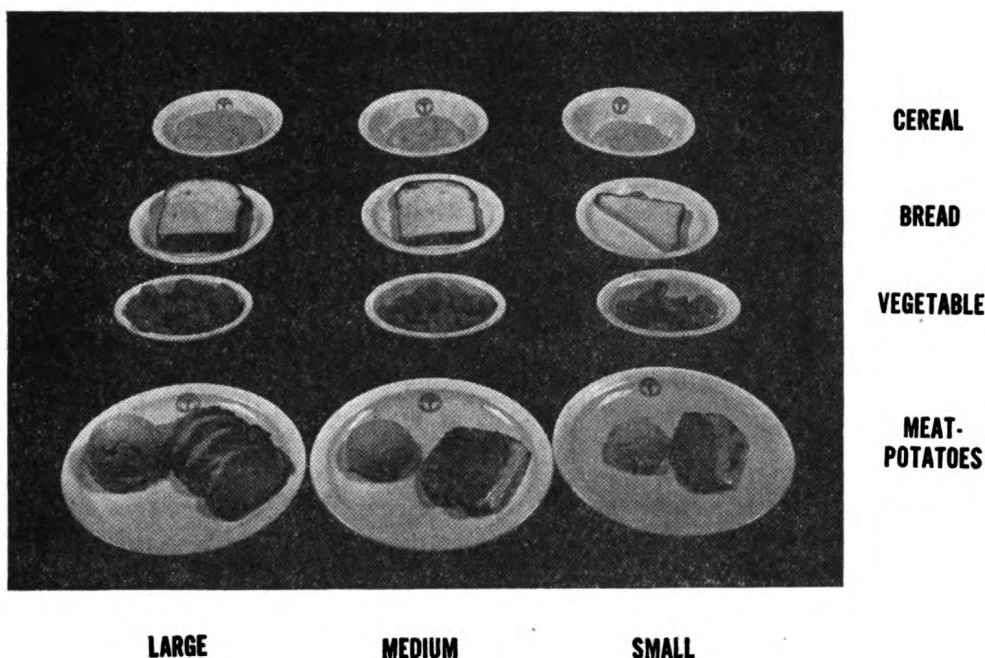
e. Plate waste is one of the largest causes of food waste and the most difficult to control. The use of food conservation posters alone will not reduce such waste to the desired minimum, and other measures must be taken to instruct personnel and definitely assure compliance with the food conservation program. Common causes of plate waste are:

(1) Improper preparation and excessive seasoning of the food, and lack of attractiveness in the finished product. The first two factors will be controlled as explained in d above. Dietitians and mess attendants will arrange trays and serving dishes as attractively as practicable. Neatness and cleanliness of trays and dishes pays dividends in less plate waste.

(2) Inadequate portion control. In order to counteract this cause, the dietitian will instruct all new mess employees in portion sizes prior to serving the meal. Foods should be served in large, medium, and small portions, and when practicable a sample tray of portions will be displayed.

(3) Failure to post menus. Menus will be posted conspicuously at the entrance to the mess or at the head of the serving line in order to give personnel sufficient time to decide their preferences.

RELATIVE QUANTITIES OF PORTIONS



41. FOOD CONSERVATION POSTERS

Standard posters carrying slogans relative to the conservation of food supplies will be posted in conspicuous places in the messes.

42. STRIP TABLES

If plate waste becomes excessive in a particular mess, it is advisable to establish a control point at the strip table to which all personnel will bring their trays. The dietitian will check each tray at this point. Those who have returned unconsumed edible food are told of the program being carried on and asked to cooperate. Civilian employees are required to consume their food or lose the privilege of eating in the hospital mess. Patients will be asked to take smaller servings and return for more if they desire. The people working at the strip table must be taught to differentiate between edible and non-edible waste in order to instruct personnel into which containers to deposit plate scrapings.

43. LEFT-OVER FOODS

Left-overs will be kept at a minimum by careful estimating, planning, and controlling of portions. A

close estimate of the number of men to be fed will be made before starting the preparation of each meal. This estimate will be based upon past experience of likes and dislikes, number of passes granted, sports events occurring at the meal hour, and any other occurrence which might cause absence from the meal. If there are leftovers, they will be used as soon as possible, preferably at the next meal.

44. WARD WASTE

It is imperative that accurate census figures be supplied to the kitchens. In some hospitals it has been found satisfactory to present menus to all regular diet patients who are fed on the wards to have them indicate their choices of items and portions desired. All items of food not served on the ward will be returned immediately to the kitchen. No items of nourishment will be furnished the wards at any but the regular hours unless a written request is submitted by the charge nurse.

45. FAT CONSERVATION

Fat rendering programs must be utilized to the fullest extent in order to obtain as great a reclaimable portion as possible for cooking and baking use.

46. FOOD WASTE COMPUTATION

Edible food waste as defined herein is discarded food suitable for human consumption. The following procedure will be used in computing food waste.

a. Two containers will be provided for kitchen garbage. Normal preparation waste such as pan scrapings and potato peelings will be placed in one container. The following classes of edible food waste will be placed in the other:

- (1) Food spoiled in storage.
- (2) Food spoiled in preparation (overseasoning, burning, etc.)
- (3) Food remaining in cooking utensils and serving dishes at the completion of the meal which is not suitable to be served later. (This classification does not include nonedible pan scrapings).

b. At the strip table, waste will be separated into the following three classes, each of which will be put in a separate container:

- (1) Edible food waste.
- (2) Nonedible food waste such as melon rinds, bones, and fruit pits.
- (3) Liquid waste.

c. Since it is inadvisable to return plate scrapings from the ward to the kitchen and impracticable to compute plate waste on wards, frequent inspections will be conducted and adequate supervision provided to minimize such waste at that point.

d. The computation of edible food waste is obtained by adding the items listed in a(1), (2), and (3) above to the items listed in b(1) above. Information for computing the total daily amount of food

waste will be obtained from column 10c of the Cooks' Worksheet.

e. An analysis of edible food waste in several medical installations in the zone of interior indicates that such waste should not exceed 7 to 9 pounds per 100 men per day. All concerned will exercise every effort to keep edible waste to or below that average.

f. The daily edible food waste per man, in graph form, will be maintained by the hospital mess officer for each mess on a monthly basis, as illustrated. The Vital Statistics Chart (WD AGO Form 8-120) may be used in maintaining the graph. Figures will be obtained by dividing the daily total amount of edible food waste by the average number of individuals fed in the mess for the day.

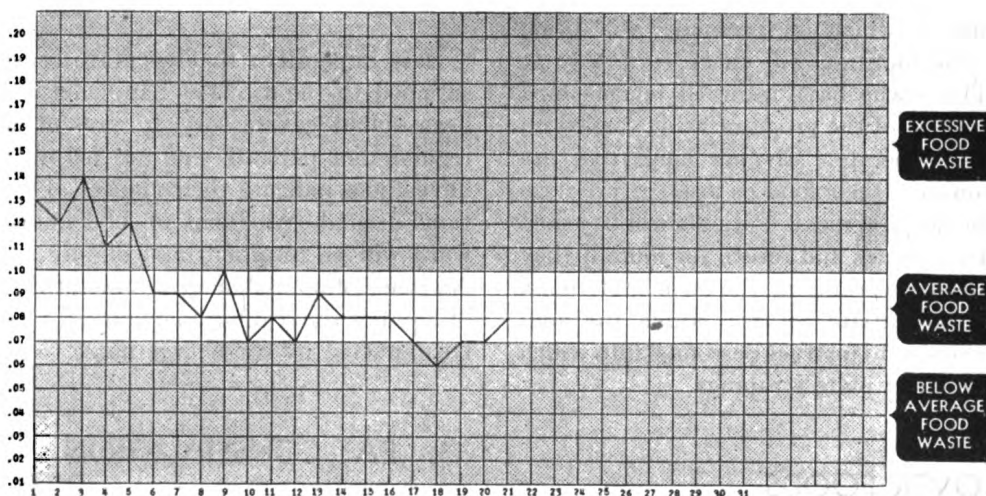
Example:

	No. fed	Edible waste
Breakfast.....	136	4 lb.
Dinner.....	163	7.5
Supper.....	160	2
Total.....	459	13.5 lb.

$$459 \div 3 = 153 \text{ average number of individuals fed}$$

$$13.5 \div 153 = .088 = .09 \text{ pound of edible waste per man}$$

The hospital mess officer will investigate and take any necessary action to control edible food waste when such waste increases beyond the average limit illustrated. Should edible waste fall consistently below .07 pound per man, the hospital mess officer likewise will investigate the reasons therefor and assure himself that personnel are not underfed and that the rations are adequate.



EDIBLE FOOD WASTE CHART

TECHNICAL MANUAL
ADMINISTRATION OF FIXED HOSPITALS
ZONE OF INTERIOR

U.S. WAR DEPARTMENT
Washington 25, D. C., 28 December 1945

Add sections 1 and 2, chapter VIII.

[AG 300.7 (16 Oct 45)]

BY ORDER OF THE SECRETARY OF WAR:

946

OFFICIAL:

EDWARD F. WITSELL
Major General
Acting The Adjutant General

DWIGHT D. EISENHOWER
Chief of Staff

DISTRIBUTION:

AAF (2); AGF (2); ASF (2); S Div ASF (1); SvC (Surg) (2); Dep 8 (2); Army Med Purchasing
O (2); Med Dept Repl Pools (5); T/O & E 8-560 (1). NO OVERSEA DISTRIBUTION
Refer to FM 21-6 for explanation of distribution formula.

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CHAPTER VIII. PERSONNEL ADMINISTRATION

Section 1. INTRODUCTION

1. GENERAL

a. The sections comprising this chapter of TM 8-262 will establish and describe procedures of personnel administration to be used in Army hospitals in the zone of interior.

b. The objectives of such procedures are defined as follows:

(1) To standardize and simplify methods of personnel administration.

(2) To prescribe a uniform method for the maintenance of personnel records.

(3) To permit a continuing review and elimination of unnecessary reports and source material.

(4) To provide for the furnishing of additional reports to higher headquarters from available known data, thereby reducing to a minimum interference with established routine.

c. It is appreciated that any procedure which is extensive in scope and mandatory in application will of necessity not be completely satisfactory in all its phases to all installations. Such cases must be resolved in terms of what is most satisfactory in the majority of instances. Therefore, the procedures outlined herein may require minor adjustment to local conditions peculiar to certain hospitals. However, major deviations will not be made without the concurrence of the Service or Air Force Commander exercising jurisdiction.

d. The development of procedures by hospital installations in the zone of interior which are considered improvements over those described herein will be reported through channels to the Office of The Surgeon General, Attention: Control Division.

Section 2. PROCEDURE FOR PAYMENT OF PATIENTS

2. SCOPE

This section pertains to the payment of patients who are in a status of attached unassigned to the Detachment of Patients in Army hospitals. It is particularly applicable to those hospitals designated for the treatment of evacuees, with the exception of debarkation hospitals.

3. RESPONSIBILITY

The commanding officer of the hospital is charged with the responsibility for the prompt

and full payment of all patients in an attached unassigned status, such responsibility to be carried out by the Director of the Personnel Division under his direction. Payment of patients who have not been paid in full, to and including the preceding calendar month, will be made within 72 hours, and in no case later than 96 hours, after arrival. Pay accounts of all patients will be kept current at all times when the physical condition of the patient makes this possible. The procedure outlined herein will be followed in order to establish a common standard for all medical facilities concerned, and to effect a readily available basis for furnishing assistance in the discharge of this responsibility.

4. PROCEDURE ON ADMISSION TO HOSPITAL

a. In those hospitals using the mechanical method of reproducing admission records (Ch. II, TM 8-262), one copy of the locator card routinely will be furnished by the Admission and Disposition Branch to the Military Personnel Branch, Personnel Division.

b. In hospitals not using the mechanical method referred to above, the locator card will be prepared from the Admission and Disposition Sheet by the using office.

c. The locator cards will be maintained alphabetically in a vertical file which will constitute a master file of all Army enlisted patients in the hospital. Locator cards of officer and non-Army personnel need not be maintained.

d. On receipt by the Military Personnel Branch the cards will be divided into two groups:

(1) Cards of patients attached unassigned to the Detachment of Patients.

(2) Cards of patients attached from other organizations. Patients in this category will be paid by their respective units, and locator cards pertaining to such patients will be immediately placed in the master file described in c above. They will be used only for purposes of office information; and in the event of a patient being transferred to a status of attached unassigned, in which case the card will be transposed to the group referred to in (1) above.

e. Cards pertaining to patients attached unassigned (d (1) above) will be further subdivided as follows:

(1) Cards of patients for whom service records are not available, referred to herein as the "no service record group."

(2) Cards of patients whose service records are present but who have not been paid in full, to and including the preceding calendar month, referred to herein as the "not paid in full group."

(3) Cards of patients whose service records are present and who have been paid in full, to and including the preceding calendar month, referred to herein as the "paid in full group."

ROGERS, JAMES A Pvt 7 001 180 RA 29 Jul 43 Over 0 years service CIP

Allotments: N \$7.00, 1 Aug 43; ~~E \$20.00, 1 Oct 44~~; F \$22.00, 1 Aug 43

LP Feb 28/45 by unknown. Trfd as pvt fr Co E 134th Inf to Inf Unasgd Mar 7/45. Due EM FSP fr 1 Mar to 7 Mar 45 incl. Due US P/P Mar/45 \$25.00 E almt \$20.00 discontd Mar 31/45.

MAR 1945

APR 1945

MAY 1945

Due fur rat fr May 17 to Jun 6/45 incl.

JUN 1945

Due EM FSP as pvt for mos of Dec/44 thru Feb/45; CIP fr Dec 1/44; due fur rat fr Jul 12 to Jul 25/45 incl, not pd on prior rolls. CIP. Due US \$60.00 non-ded E almt \$20.00 per mo, \$21.00 non-ded N almt \$7.00 per mo and \$66.00 non-ded F ded \$22.00 per mo for mos of Dec/44 thru Feb/45. Omitted fr prior rolls.

JUL 1945

PAY CARD

5. PAY CARDS

The use of pay cards, prepared from service records or from the affidavit described in paragraph 6b, is recommended in cases where large numbers of patients are paid each month. An 8" x 5" card has been found to be the most practicable size for this purpose. The cards are maintained in a vertical or other suitable file, alphabetically by grade and by component, corresponding to the order in which the names will be entered on the pay roll. When considered advisable, pay rolls may be prepared directly from the service records, in which case the records will be maintained in the same manner as described hereafter for pay cards.

NOTE: A red line is drawn after each entry of payment in full. Discontinued allotments and similar changes of payment status are lined out in red. Combat Infantry pay (CIP) is boxed in red in order to avoid omission by the clerk accomplishing the pay roll.

6. PREPARATION OF PAY CARDS FOR NO SERVICE RECORD GROUP

a. Patients in this category will be interviewed by a clerk from the Military Personnel Branch no later than the day following admission, or as soon thereafter as their conditions permit. If necessary, such interview will be conducted in the ward.

b. An affidavit (original only) will be prepared based upon the information obtained from such interview, and will be sworn to by the patient. The patient will not only read the affidavit prior to affixing his signature thereto, but the commissioned officer administering the oath will explain to him the purpose of the document and penalties for perjury. It will be filed in the patient's Records Jacket, WD AGO Form 201.

c. Following completion of the affidavit, a temporary service record will be opened on the basis of the information now available and a pay card prepared. Care will be exercised to insure that all entries affecting pay are entered on the pay card and that all remarks are in correct and complete form.

d. The pay cards of all patients who have been paid in full, to and including the preceding calendar month, will be then filed in the appropriate section of the pay card file as described in paragraph 5. The remainder of the cards will be retained for further action as indicated in paragraph 9.

7. PREPARATION OF PAY CARDS FOR NOT PAID IN FULL GROUP

Pay cards pertaining to patients in this category will be prepared and retained for further action as indicated in paragraph 9.

8. PREPARATION OF PAY CARDS FOR PAID IN FULL GROUP

Pay cards of patients in this category will be prepared and filed in the appropriate section of the pay card file, except when action is required under the provisions of paragraph 10b.

9. PREPARATION OF PAY ROLL

Following completion of the pay cards and their separation into groups, as described above, they will be arranged alphabetically by grade within the appropriate component, and WD Form 366 prepared as prescribed in TM 14-502 and AR 345-155. The model remarks set forth in TM 14-502 will be strictly adhered to. At the time the pay roll is submitted to the disbursing officer for computation and payment, notation that payment has been made for the period covered will be entered in the service records and on the pay cards. The pay cards then will be filed in the appropriate sections of the pay card file.

10. PREPARATION OF CURRENT MONTHLY PAY ROLLS

a. Current monthly pay rolls will be prepared for all patients who have been paid for the preceding month. They will be submitted on WD Form 366 to the disbursing officer not later than 5 days prior to the date of payment.

b. Pay accounts of patients who arrive after submission of the regular monthly pay roll will be stated on a supplement to the regular monthly pay roll which will be prepared and submitted to the disbursing officer daily.

11. ARRANGEMENT OF PAY ROLLS

In order to expedite preparation, computation, and payment, pay rolls should contain no more than 200 names. Since payment will be made by

AFFIDAVIT OF ENLISTED PERSON FOR SETTLEMENT OF ARREARS OF PAY (In accordance with AR 345-155)			
1. Name (Last, first, middle initial) Rogers, James A.		Army Serial No. 7 001 180	Component Regular Army
Grade Private	Company Detachment of Patients	Regiment Blank General Hospital	
Being first duly sworn according to law, do depose and say that			
1. On (Date) 29 July 1943 <input checked="" type="checkbox"/> Enlisted At (Place) York, Pa. <input type="checkbox"/> Was Ind		9. I was authorized, at date of last payment, to draw commutation in lieu of quarters and subsistence in the following amount per month \$ ---	
2. If a member of <input type="checkbox"/> RAR <input type="checkbox"/> ERC I was called to active duty on		10. I am entitled to (flying, parachute, glider, etc.) pay as prescribed by law and regulations	
3. My present grade is Private	4. I have had over 0 years service	From (Date) ---	To (Date) ---
5. I have authorized the following deductions from my pay		11. I have served, since date of last payment, outside the continental limits of the United States	
Class B \$ ---	Class E \$ 20.00	Class N \$ 7.00	From (Date) 1 Mar 45
Class D ---	Class F \$ 22.00		To (Date) 7 Mar 45
6. I was last paid to include (Date) 28 Feb 45		12. I am indebted to the United States in the following amounts	
By (if unknown so state) Unknown FD		a. GPLD \$ ---	b. Co. Fund \$ ---
While with (Organization) Co. E, 134th Inf.		d. CM Fine \$ ---	c. Exchange \$ ---
At (Post, Camp, etc.) APO 72, c/o PM, SF		e. --- \$ ---	f. --- \$ ---
7. I have received the following partial payments since date of last payment		13. I have lost the following time under 107th Article of War	
a. \$ 25.00	b. \$ ---	c. \$ ---	From --- To ---
8. I was, at date of last payment, drawing quarters allowance for dependents in the following amount per month \$ ---		None	
		AWOL	
		SNLD	
		In Conf	
14. Remarks (Enter other pertinent data not shown above) P/P \$25.00 Mar/45 by Unknown Cl E Almt discontinued effective 31 Mar/45			
Section 35(A) of the Criminal Code (18 U.S.C. 83) makes it a criminal offense, punishable by a maximum of 10 years' imprisonment, \$10,000 fine, or both, to make a false statement or representation to any department or agency of the United States as to any matter within the jurisdiction of any department or agency of the United States.			
I do solemnly swear that the above answers to questions propounded are to the best of my knowledge and belief true and correct in all respects.			
Grade and Organization Pvt., Det. Pts., Blank General Hospital		Signature James A. Rogers	
Subscribed and sworn to before me at Blank General Hospital this 10th day of March 1945.			
Seal		Signature Edgar W. Smith	
		Title Capt., MAC, Summary Court	
I certify that the service record of the above-named enlisted person has not been received at this station.			
Grade and Organization of Personnel Officer 1st Lt., MAC, Blank General Hospital		Signature John C. Jones	
WD AGO Form R-5180 1 Oct 1945			

AFFIDAVIT

check, signatures are not required except in the case of patients of the first three grades entitled to commutation of quarters and rations.

12. PAYMENT OF PATIENTS

a. Checks will be delivered by the disbursing officer to officials designated by the commanding officer of the hospital under the provisions of AR 35-120, and will be distributed to patients at pay formations to be held at a specified place and time. Patients will be notified of the place and time of payment by means of mimeographed or similarly duplicated rosters (fig. 3) which will be conspicuously posted as far in advance of the date of payment as may be practicable.

b. In order that patients who are confined to bed or otherwise prevented by medical reasons from appearing at the pay formation may be paid, the nurse in charge of the ward to which such patient is assigned will so notify the personnel office by telephone as far in advance of the scheduled time of payment as possible. The patient's name will be verified, the number of the ward to which he is assigned noted on the appropriate roster, and the check delivered to him immediately after the pay formation.

c. When a patient not reported as a bed case fails to report at pay formation, his records will be checked to determine his status. If such examination of the records reveals that the patient is on authorized absence, his check will be mailed

BLANK GENERAL HOSPITAL Office of the Personnel Officer

28 August 1945.

SUBJECT: Payment of Detachment of Patients.

TO: All concerned.

1. The regular monthly pay roll for August 1945 will be paid in Patients' Mess No. 4 at 1000, 31 August 1945.

2. The following-named members of the Detachment of Patients will be present at the pay formation in the following order:

<u>Name</u>	<u>Rank</u>	<u>Component</u>	<u>Ward</u>
Lewis, John T.	M/Sgt	RA	16
Hobbs, Homer E.	S/Sgt	RA	22 <i>Pay on ward</i>
White, James L.	Sgt	RA	11
Johnson, Harry	T/4	RA	11
Manning, J. L.	Cpl	RA	11

Trainer, Samuel	Pfc	Other	44
Atkinson, Hubert	Pvt	Other	13 <i>Pay on ward</i>
Brown, Lawrence E.	Pvt	Other	32

ROSTER NOTIFICATION OF TIME AND PLACE OF PAYMENT

to him at the forwarding address on file provided sufficient time remains. In the event of insufficient time to forward the check, or if it is returned by the post office as undeliverable, the check will be held for a period of not more than 10 days from date of issue pending the patient's return to the hospital. If undelivered at the end of 10 days from date of issue, the check will be returned to the disbursing officer for disposition, and the personnel officer will make appropriate entries to that effect in the patient's service record and pay card.

d. When a patient is transferred to another command subsequent to the termination of a pay period, and a check has been issued for said pay period by the disbursing officer, it will be forwarded to the commanding officer of the new station for delivery to the individual by the personnel officer. If such transfer occurs prior to the termination of a pay period, and a check therefor has been issued,

it will be returned to the disbursing officer through the personnel officer, and the latter will notify the personnel officer at the patient's new station in order that appropriate corrections may be entered in the patient's records.

e. In the event that a patient is absent at time of payment for any reason other than stated above, the personnel officer will correct the individual's records to indicate nonpayment; and the officer designated to deliver the check will return it to the disbursing officer for appropriate disposition.

13. POSTING AND MAINTENANCE OF SERVICE RECORDS

a. The fact that payment has been made will be noted in the service record, on page 13, "REMARKS—Financial," by the personnel officer at the time the pay roll is submitted to the disbursing officer for computation.

b. Any necessary changes in the service record will be made on the basis of information entered on the triplicate copy of the pay roll which will be returned to the personnel officer at the time the completed checks are ready for distribution, or on the basis of information submitted by officers designated to deliver the checks to the patients.

14. PARTIAL PAYMENTS

Partial payments to patients will be made under the following conditions only:

a. In cases of emergency as determined by the Commanding Officer of the Detachment of Patients.

b. In cases where it is impossible to make complete settlement to include the last day of the preceding month by reason of indebtedness exceeding the amount of accrued pay.

c. In cases where patients have been paid to include the last day of the preceding month, and who request a partial payment prior to departing on furlough.

15. WAR BOND SCHEDULES

War bond schedules will be prepared for patients purchasing bonds and will be submitted to the disbursing officer prior to payment of the pay rolls. The disbursing officer will issue and dispose of bonds at the time of payment or as soon thereafter as practicable.

13		
REMARKS—FINANCIAL		
Under this heading will be shown all financial matters not entered elsewhere such as stoppages for loss of or damage to Government property, amounts due on account of partial payments, overpayments, etc.		
Enlistment allowance of \$ _____		
for the grade of _____		
paid by _____		
on _____, 19____		
Entitled to travel pay to _____ (Place at which accepted for previous enlistment)		
Received no travel pay upon discharge on _____, 19____ to re-enlist.		
Date	Description and amount due U. S. or soldier	Roll on which collected

SEP 44 PAID		
6 Oct 44	On Tur fr 18 Sep 44 to 2 Oct 44 incl. Due fur rats.	
15 Oct 44	Cl "E" Almt \$35.00 per mo fr Dec 44	
18 Oct 44	Due US \$10.00	Almt
P/P	F Smith Capt FD	Almt
A-22-1000 PAID OCT 44		
By F Smith Capt FD		
R C Jones Lt Col FD	NOV 44	PAID
R C Jones Lt Col FD	DEC 44	PAID
13 Jan 45	Due US GPID \$0.89 3 Jan 45	
R C Jones Lt Col FD	JAN 45	PAID

REMARKS—Financial

PAGE 13 FROM SERVICE RECORD

16. CASH PAYMENTS

When, in the opinion of the commanding officer of the hospital, it is deemed more practicable to effect payment of patients by cash, such procedure may be adopted. However, if the number of patients on a given pay roll who must be issued checks would exceed 40 percent of the total number of patients paid on such pay roll, payment by check to all patients is prescribed. The procedure as prescribed in the foregoing paragraphs for check payments will apply generally, except that the disbursing officer or other designated class A or class B agents will make such payment. Signatures of patients will be obtained at the time of payment. Patients entitled to payment who fail to report at the pay formation will be paid subsequently by check as prescribed in paragraph 9, AR 345-155.

17. GENERAL RULES

The following rules will apply in order to effect prompt payment of patients in Army hospitals:

a. Commanding officers will take such action as may be necessary to insure that pay cards and service records are kept current at all times.

b. Passes and furloughs, except in cases of emergency as determined by the Commanding Officer of the Detachment of Patients, will not be

granted when absence from the hospital will result in failure to effect payment in full, to and including the preceding month, within 72 hours of admission. However, patients who are granted emergency furloughs and who have not been paid through the last day of the preceding month, will be paid in full prior to departure in accordance with the procedure outlined in this section. Partial payments ordinarily will not be substituted for such payments. When emergencies or unusual circumstances make payment in full, as prescribed above, impossible, patients will be permitted to go on furlough after having been given a substantial partial payment. In such cases the personnel officer will state the full settlement of the pay account through the last day of the preceding month on WD Form 366, and a check for any balance due will be mailed to the patient at the furlough address in accordance with the provisions of paragraph 12c.

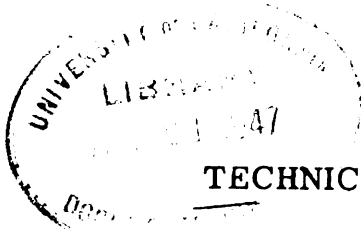
c. Patients will be informed at time of admission of the pay procedure in effect at the installation in order that they may be readily available for interview and payment.

d. Facilities for the cashing of United States Treasury checks drawn for pay purposes should be available if possible.

e. Where banking facilities do not exist, or are not available at the time cash is required in cases of emergency, the disbursing officer and/or class B agents are authorized to cash United States Treasury checks.

15 FEB 1946

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CHAPTER IV



TECHNICAL MANUAL

ADMINISTRATION OF FIXED HOSPITALS
ZONE OF INTERIOR

U S
WAR DEPARTMENT
Washington 25, D. C., 15 February 1946

Add sections 4, 5, and 6, chapter IV.

[AG 300.7 (4 Dec 45)]

BY ORDER OF THE SECRETARY OF WAR:

OFFICIAL:

EDWARD F. WITSELL
Major General
Acting The Adjutant General

DWIGHT D. EISENHOWER
Chief of Staff

DISTRIBUTION:

AAF (2); AGF (2); ASF (2); S Div ASF (1); SvC (Surg) (2);
Dep 8 (2); Army Med Purchasing O (2); Med Dept Repl Pools
(5); T/O & E 8-500, Med Sv Orgn - (GA), (GB) (1). NO
OVERSEAS DISTRIBUTION.

Refer to FM 21-6 for explanation of distribution formula.

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CHAPTER IV. WARD ADMINISTRATION

Section 4. Reporting Of Seriously Ill Patients

23. RESPONSIBILITY

The ward officer immediately responsible for the care of the patient will ordinarily determine when an individual's condition is such that he should be considered seriously ill. The chief of section or service, as the case may be, will be called upon to render all necessary advice or assistance, and to insure that such determination is proper.

24. REPORTING A SERIOUSLY ILL PATIENT

a. When it has been determined that a patient is seriously ill, the responsible ward officer will initiate one copy of WD AGO Form 8-168 (Report of Seriously Ill Patient) by filling in spaces 1 to 12, inclusive, as shown in the accompanying illustration.

REPORT OF SERIOUSLY ILL PATIENT; INITIATED BY WARD OFFICER

REPORT OF SERIOUSLY ILL PATIENT			TO: REGISTRAR OR *ADMINISTRATIVE OFFICER OF THE DAY		1. DATE 4 Nov 45	2. HOUR 1330
3. NAME (Last, First, Middle Initial) Watson, Thomas J			4. ARMY SERIAL NUMBER 27 322 176		5. GRADE Sgt	6. WARD 30
7. BRIEF DIAGNOSIS (Use lay terms) Left lower lobar pneumonia			8. RECOVERY IS QUESTIONABLE NOT EXPECTED		9. REQUEST NOTIFICATION BY TELEPHONE TELEGRAM LETTER	
			X		X	
10. NAME, RELATIONSHIP AND ADDRESS OF INDIVIDUAL TO BE NOTIFIED Mrs Thomas J Watson (W) 1332 Walker Place New York City, N Y			11. REMARKS			
			12. SIGNATURE OF MEDICAL OFFICER <i>Harold L. Mod May MC</i>			
13. ACTION BY REGISTRAR OR ADMINISTRATIVE OFFICER OF THE DAY						
ACTION		HOUR	DATE	REMARKS		
REPORT RECEIVED						
NEXT OF KIN NOTIFIED						
INFORMATION OFFICE NOTIFIED						
RED CROSS NOTIFIED						
CHAPLAIN NOTIFIED						
				SIGNATURE OF REGISTRAR OR A.O.D.		
14. INSTRUCTIONS						
*Medical Officer initiates and forwards by special messenger to Registrar during the hours his office is open. At all other times forwards to Administrative Officer of the Day.						

WD AGO FORM 8-168
1 Nov 1945

Replaces WD AGO FORM 8-168, 1 Feb 1945, which may be used.

25-65537-50

b. The form having been completed as indicated, it will be forwarded to the Registrar (or Administrative Officer of the Day, see par. 27) by special messenger for further action.

25. ACTION BY REGISTRAR

a. Promptly upon receipt of the Report of Seriously Ill Patient, the Registrar will accomplish the following procedures which are intended to insure that all interested agencies are notified of the patient's condition. Whenever possible, the telephone will be used to expedite action.

- (1) Enter the hour and date of receipt of the form.

- (2) Notify interested agencies within the hospital and make the appropriate entries on the form.
- (3) Notify the next of kin or other individual designated in space 10, and record the fact on the form.
- (4) Enter under "Remarks" any pertinent information, and sign the report.

b. On completion of the form as described in a above, the Registrar will enter the name of the patient and other identifying data on his master copy of WD AGO Form 8-166 (Roster of Seriously Ill). (See par. 29).

REPORT OF SERIOUSLY ILL PATIENT; COMPLETED BY REGISTRAR

REPORT OF SERIOUSLY ILL PATIENT		TO: REGISTRAR OR ADMINISTRATIVE OFFICER OF THE DAY		1. DATE 4 Nov 45	2. HOUR 1330
3. NAME (Last, First, Middle Initial) Watson, Thomas J		4. ARMY SERIAL NUMBER 27 322 176		5. GRADE Sgt	6. WARD 30
7. BRIEF DIAGNOSIS (Use lay terms) Left lower lobar pneumonia		8. RECOVERY IS QUESTIONABLE <input checked="" type="checkbox"/> NOT EXPECTED <input type="checkbox"/>		9. REQUEST NOTIFICATION BY TELEPHONE <input type="checkbox"/> TELEGRAM <input checked="" type="checkbox"/> LETTER <input type="checkbox"/>	
10. NAME, RELATIONSHIP AND ADDRESS OF INDIVIDUAL TO BE NOTIFIED Mrs Thomas J Watson (W) 1332 Walker Place New York City, N Y		11. REMARKS			
		12. SIGNATURE OF MEDICAL OFFICER Arnold L. Wood Maj MC			
13. ACTION BY REGISTRAR OR ADMINISTRATIVE OFFICER OF THE DAY					
ACTION	HOUR	DATE	REMARKS		
REPORT RECEIVED	1340	4 Nov 45	No telephone listed for next of kin		
NEXT OF KIN NOTIFIED	1355	4 Nov 45			
INFORMATION OFFICE NOTIFIED	1340	4 Nov 45			
RED CROSS NOTIFIED	1340	4 Nov 45			
CHAPLAIN NOTIFIED	1340	4 Nov 45			
Commanding Officer	1340	4 Nov 45	SIGNATURE OF REGISTRAR OR A.O.D. L. M. GREEN, Captain, MAC		
14. INSTRUCTIONS *Medical Officer initiates and forwards by special messenger to Registrar during the hours his office is open. At all other times forwards to Administrative Officer of the Day.					

15 FEB 1946

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ROSTER OF SERIOUSLY ILL: INFORMATION ENTERED BY REGISTRAR

ROSTER OF SERIOUSLY ILL							DATE
WARD	LAST NAME, FIRST NAME, M. I.	GRADE	ASN	DATE REPORTED	CONDITION IS		4 Nov 45
					IN-PROGRESS	IN-CHARGE	REMARKS
17	Dookes, John C	Pvt	27 345 876	17 Sep 45		X	Showing progressive weakness
32	Phillips, Raymond R	Lt Col	0 22 479	22 Sep 45		X	
21	Sousa, Henry C	Civilian		30 Sep 45	X		
15	West, Sophie D	Cpl	A 120 370	4 Oct 45		X	
16	McCune, Vincent A	S/Sgt	33 026 789	10 Oct 45		X	
3	Pruitt, Alex T	Capt	0 473 327	15 Oct 45	X		
7	Colton, Edward S	Pfc	20 436 101	27 Oct 45	X		
12	Lasell, Leonard R	Pvt	32 746 198	27 Oct 45		X	
22	Wieder, Carl L	Cpl	37 521 931	29 Oct 45		X	
11	Hunt, Theodore A	Maj	0 527 208	31 Oct 45		X	
9	Howard, Bruce C	Pvt	37 954 289	1 Nov 45		X	
33	White, Arthur A	Pvt	34 028 344	1 Nov 45	X		
4	Purdin, James G	Pvt	37 527 242	3 Nov 45	X		
7	Byers, William N	Cpl	027 156	4 Nov 45			
30	Watson, Thomas J	Sgt	27 322 176	4 Nov 45			

REPORT OF SERIOUSLY ILL PATIENT				10. REGISTRAR OR ADMINISTRATIVE OFFICER OF THE DAY		1. DATE	2. HOUR
3. NAME (Last, First, Middle Initial)				4. ARMY SERIAL NUMBER		4 Nov 45	1330
Watson, Thomas J				27 322 176			
7. BRIEF DIAGNOSIS (Use lay terms)				8. RECOVERY IS		5. GRADE	6. WARD
Left lower lobar pneumonia				QUESTIONABLE NOT EXPECTED		Sgt	30
10. NAME, RELATIONSHIP AND ADDRESS OF INDIVIDUAL TO BE NOTIFIED				11. REMARKS		9. REQUEST NOTIFICATION BY	
Mrs Thomas J Watson (W) 1332 Walker Place New York City, N Y						TELEPHONE TELEGRAM LETTER	
12. SIGNATURE OF MEDICAL OFFICER				12. SIGNATURE OF REGISTRAR OR ADMINISTRATIVE OFFICER OF THE DAY			
13. ACTION BY REGISTRAR OR ADMINISTRATIVE OFFICER OF THE DAY				13. ACTION BY REGISTRAR OR ADMINISTRATIVE OFFICER OF THE DAY			
ACTION		HOUR	DATE	REMARKS			
REPORT RECEIVED		1340	4 Nov 45	No telephone listed for next of kin			
NEXT OF KIN NOTIFIED		1355	4 Nov 45				
INFORMATION OFFICE NOTIFIED		1340	4 Nov 45				
RED CROSS NOTIFIED		1340	4 Nov 45				
CHAPLAIN NOTIFIED		1340	4 Nov 45				
Commanding Officer		1340	4 Nov 45	SIGNATURE OF REGISTRAR OR A.O.D.			
				L. M. GREEN, Captain, MAC			
14. INSTRUCTIONS							
*Medical Officer initiated and forwards by special messenger to Registrar during the hours his office is open. At all other times forwards to Administrative Officer of the Day.							

UD AGO FORM 8-168
1 SEP 1945

Replaces WD AGO FORM 8-168, 1 Feb 1945, which may be used.

DD FORM 8-168

c. The Report of Seriously Ill Patient will be retained for any further information in a suspense file maintained for the purpose in the Office of the Registrar. On disposition or death of the patient the form will be destroyed.

26. NOTIFICATION OF NEXT OF KIN

a. Dependent upon the condition of the patient and such other factors as may be present in an individual case, the next of kin, or other person specified to be notified, will be informed of the patient's condition

by telephone, telegram, or letter. The Registrar will prepare the written message in the most expedient form for the signature of the Commanding Officer of the hospital, or for that of the Executive Officer providing he is a medical officer. Telephonic notification will be made by the Registrar regardless of branch of service.

b. Because of confusion which may arise as the result of a telephone message or a brief telegram, when these methods are used a letter will follow under the same date verifying the information transmitted.

15 FEB 1946

TELEGRAPHIC NOTIFICATION TO NEXT OF KIN;
PREPARED BY REGISTRAR, AUTHENTICATED BY ADJUTANT

WAR DEPARTMENT MESSAGEFORM																	
File No. _____		Date <u>4 Nov 45</u>															
Office of origin <u>Franklin General Hospital</u> <small>(Arm of service) (Division) (Branch)</small>		Telephone No. <u>79811</u>															
Address <u>Philadelphia, Pa.</u>		Registrar _____ <small>(Section) (Symbol)</small>															
To: <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> MRS THOMAS J WATSON 1332 WALKER PLACE NEW YORK CITY N Y </div>		<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th colspan="2" style="text-align: center;">PRECEDENCE</th> </tr> <tr> <th style="text-align: center;">WIRE OR RADIO</th> <th style="text-align: center;">ESSENTIAL MILITARY MAIL</th> </tr> </thead> <tbody> <tr> <td>Urgent _____</td> <td>Air mail _____</td> </tr> <tr> <td>Priority <u>X</u></td> <td>Special delivery _____</td> </tr> <tr> <td>Routine _____</td> <td>Ordinary _____</td> </tr> <tr> <td>Deferred _____</td> <td>Registered _____</td> </tr> <tr> <td>Week end _____</td> <td></td> </tr> </tbody> </table> <div style="margin-top: 5px;"> Any message not X'd for precedence will be sent "Deferred." </div> <div style="text-align: right; margin-top: 5px;"> Initial of officer assigning precedence <i>L. M. G.</i> </div>		PRECEDENCE		WIRE OR RADIO	ESSENTIAL MILITARY MAIL	Urgent _____	Air mail _____	Priority <u>X</u>	Special delivery _____	Routine _____	Ordinary _____	Deferred _____	Registered _____	Week end _____	
PRECEDENCE																	
WIRE OR RADIO	ESSENTIAL MILITARY MAIL																
Urgent _____	Air mail _____																
Priority <u>X</u>	Special delivery _____																
Routine _____	Ordinary _____																
Deferred _____	Registered _____																
Week end _____																	
MESSAGE:																	
I REGRET TO INFORM YOU THAT		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="text-align: center;">Grade</th> <th style="text-align: center;">Name</th> </tr> <tr> <td style="text-align: center;">SGT</td> <td style="text-align: center;">THOMAS J WATSON</td> </tr> </table>		Grade	Name	SGT	THOMAS J WATSON										
Grade	Name																
SGT	THOMAS J WATSON																
NOW A PATIENT IN FRANKLIN GENERAL HOSPITAL PHILADELPHIA PA IS SERIOUSLY ILL																	
BECAUSE OF		<div style="border: 1px solid black; padding: 5px;"> Diagnosis (1) LEFT LOWER LOBAR PNEUMONIA </div>															
STOP RECOVERY IS QUESTIONABLE* NOT EXPECTED * AT THIS TIME STOP YOU ARE																	
URGED TO VISIT HIM AT ONCE IF AT ALL POSSIBLE STOP LETTER FOLLOWS END																	
PETERSON COMMANDING FRANKLIN GENERAL HOSPITAL																	
*Delete inappropriate remark (1) Use lay terms																	
OFFICIAL: <div style="text-align: center;"> HENRY R. SIMMONS Captain, MAC Adjutant </div>																	

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CHAPTER IV

c. Utmost tact and diplomacy are essential in transmitting information concerning seriously ill patients to their relatives or friends. It is important that the information be as precise as possible, and any progn-

sis not warranted by the circumstances be avoided. In the preparation of telegrams and letters, the ward officer responsible for the patient should be called upon for necessary information.

WRITTEN NOTIFICATION TO NEXT OF KIN; PREPARED BY
REGISTRAR FOR SIGNATURE OF THE COMMANDING OFFICER

FRANKLIN GENERAL HOSPITAL

PHILADELPHIA, PA.

4 November 1945

Mrs. Thomas J. Watson
1532 Walker Place
New York City, N.Y.

Dear Mrs. Watson:

Your husband, Sgt. Thomas J. Watson, Air Corps, has become seriously ill with acute lobar pneumonia.

His condition is such at the present time that his recovery is questionable, and for that reason you are urged to visit him if at all possible.

You may be assured that everything possible is being done to aid Sgt. Watson's recovery and that he is receiving the best medical and professional care.

You will be notified promptly of any change in his condition.

Yours very truly,

L. T. Peterson
L. T. PETERSON
Colonel, MC
Commanding

27. PROCEDURE IN ABSENCE OF REGISTRAR

a. During the hours that the Registrar is normally absent from his office, responsibility for the action outlined in paragraphs 25 and 26 will be assumed by the Administrative Officer of the Day.

b. The ward officer determining that a patient is seriously ill will forward the copy of Report of Seriously Ill Patient to the Administrative Officer of the Day, who will indicate on the form the hour and date of action taken. If notification by telephone or telegram to the next of kin or other individual is indicated, he will make such notification, authenticating telegrams as Administrative Officer of the Day. Personnel on duty in the Admission and Disposi-

tion Branch of the Registrar's Office will render such clerical assistance as may be required. If notification by letter is indicated, the Registrar will perform this function immediately on receipt of the report from the Administrative Officer of the Day.

c. A record of all action taken in the case of seriously ill patients, including the Report of Seriously Ill Patient and copies of all messages, will be forwarded to the Registrar to reach him immediately upon the reopening of his office. In addition, any pertinent information concerning telephone calls will be forwarded for his information.

d. On receipt of the data referred to in c above, the Registrar will take such further action as may be necessary to complete the records of the individual case.

Section 5. Procedure For Follow-up Of Seriously Ill Patients

28. RESPONSIBILITY

a. The Registrar is responsible for the maintenance of a daily roster of those patients who are considered seriously ill, and for the dissemination of information pertaining to such patients to all concerned.

b. The ward officer responsible for the care of any seriously ill patient will furnish the Registrar promptly each morning with all necessary information in order that the latter may carry out the above-stated duties.

29. ROSTER OF SERIOUSLY ILL

a. Such roster of patients will be maintained on WD AGO Form 8-166, (Roster of Seriously Ill) prepared daily in sufficient number of copies to effect the distribution suggested in paragraph 30. It will be prepared as early each morning as is practicable, and distribution accomplished immediately.

b. The information included on the form will be obtained from the following sources:

- (1) The Roster of Seriously Ill for the preceding day.
- (2) Copies of the Report of Seriously Ill Patient submitted since the preparation of the preceding day's roster.
- (3) Copies of WD AGO Form 8-167, (Removal from Seriously Ill List), submitted since the preparation of the preceding day's roster. (See par. 34.)
- (4) Information concerning the condition of each patient on the roster, obtained from the responsible ward officer each morning by telephone.

c. The roster will be prepared by typewriter, or by mimeograph duplicator if the number of copies so warrants.

d. A master copy of the roster will be maintained in the Office of the Registrar on which all entries for the day will be made, and which will serve as the basis for the succeeding day's roster.

30. DISTRIBUTION

a. In order that all concerned may have available current information, distribution will be made as soon after preparation of the roster as possible.

b. One copy will be furnished each of the following:

- (1) Commanding Officer.
- (2) Each ward having a patient listed on the roster.
- (3) Each chief of service.
- (4) Red Cross.
- (5) Chaplain.
- (6) Information Office
- (7) Each Professional Officer of the Day.
- (8) Administrative Officer of the Day.
- (9) Such other persons or agencies as may be directed by the Commanding Officer.

31. FOLLOW-UP ACTION

a. The Registrar is responsible for furnishing information concerning any change in the condition of a seriously ill patient to the next of kin or other designated individual. This is accomplished on the basis of the information obtained from the responsible ward officer each morning as specified in paragraph 28b, and entered in the column headed "Condition Is" of the roster form.

b. Letters, telegrams, and telephone messages when indicated, will be initiated according to the circumstances of the individual cast. The provisions of paragraph 26 will apply in the preparation of such messages.

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WD AGO FORM 8-188
1 SEP 1945

15 FEB 1946

TELEGRAPHIC NOTIFICATION TO NEXT OF KIN;
PREPARED BY REGISTRAR, AUTHENTICATED BY ADJUTANT

WAR DEPARTMENT MESSAGEFORM																			
File No. _____			Date <u>20 Nov 45</u>																
Office of origin <u>Franklin General Hospital</u>			Telephone No. <u>79811</u>																
(Arm or service) (Division) (Branch)			Registrar (Section) (Symbol)																
Address <u>Philadelphia, Pa.</u>																			
To: <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> MRS THOMAS J WATSON 1332 WALKER PLACE NEW YORK CITY N Y </div>			<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th colspan="2" style="text-align: center; padding: 2px;">PRECEDENCE</th> </tr> <tr> <th style="text-align: center; padding: 2px;">WIRE OR RADIO</th> <th style="text-align: center; padding: 2px;">ESSENTIAL MILITARY MAIL</th> </tr> </thead> <tbody> <tr> <td style="padding: 2px;">Urgent _____</td> <td style="padding: 2px;">Air mail _____</td> </tr> <tr> <td style="padding: 2px;">Priority _____</td> <td style="padding: 2px;">Special delivery _____</td> </tr> <tr> <td style="padding: 2px;">Routine _____</td> <td style="padding: 2px;">Ordinary _____</td> </tr> <tr> <td style="padding: 2px;">Deferred _____</td> <td style="padding: 2px;">Registered _____</td> </tr> <tr> <td style="padding: 2px;">Week end _____</td> <td style="padding: 2px;"></td> </tr> </tbody> </table> <div style="margin-top: 5px;"> Any message not X'd for precedence will be sent "Deferred." </div> <div style="text-align: right; margin-top: 5px;"> Initial of officer assigning precedence <i>L. M. G.</i> </div>			PRECEDENCE		WIRE OR RADIO	ESSENTIAL MILITARY MAIL	Urgent _____	Air mail _____	Priority _____	Special delivery _____	Routine _____	Ordinary _____	Deferred _____	Registered _____	Week end _____	
PRECEDENCE																			
WIRE OR RADIO	ESSENTIAL MILITARY MAIL																		
Urgent _____	Air mail _____																		
Priority _____	Special delivery _____																		
Routine _____	Ordinary _____																		
Deferred _____	Registered _____																		
Week end _____																			

MESSAGE:

I AM PLEASED TO INFORM YOU THAT

Grade	Name
SGT	THOMAS J WATSON

NOW A PATIENT IN FRANKLIN GENERAL HOSPITAL PHILADELPHIA PA HAS IMPROVED AND

IS NO LONGER CONSIDERED IN A SERIOUS CONDITION STOP LETTER FOLLOWS END

PETERSON COMMANDING

FRANKLIN GENERAL HOSPITAL

OFFICIAL:

Henry R. Simmons
HENRY R. SIMMONS
Captain, MAC
Adjutant

15 FEB 1946

TM 8-262
CHAPTER IV

c. For those patients whose condition shows no change over a period of time, notification will be sent at weekly intervals.

d. When the next of kin of the patient is present at the hospital, the foregoing notification will be dispensed with during the period of

such next of kin's presence.

e. In addition to the daily information made available to individuals and agencies specified in paragraph 30, additional information will be submitted to them, by telephone, when indicated by a sudden change in a patient's condition.

WRITTEN NOTIFICATION TO NEXT OF KIN; PREPARED BY
REGISTRAR FOR SIGNATURE OF THE COMMANDING OFFICER

FRANKLIN GENERAL HOSPITAL

PHILADELPHIA, PA.

20 November 1945

Mrs. Thomas J. Watson
1332 Walker Place
New York City, N.Y.

Dear Mrs. Watson:

The condition of your husband, Sgt. Thomas J. Watson, Air Corps, has improved to such an extent that he is no longer considered to be seriously ill.

However, he will require a further period of hospitalization for observation and medical care. He is making excellent progress, and while his recovery will be gradual, we have every reason to expect that the outcome will be quite satisfactory.

Any further information you may desire will be forwarded at your request.

Yours very truly,

L. T. Peterson

L. T. PETERSON
Colonel, MC
Commanding

32. RESPONSIBILITY

a. When the ward officer has determined that a patient, previously reported seriously ill, is no longer to be considered in that category, he will initiate WD AGO Form 8-167 (Removal From Seriously Ill List) and forward it promptly to the Registrar for further action.

b. The Registrar is responsible for the completion of the form, and dissemination of the information to all interested persons and agencies.

33. ACTION BY WARD OFFICER

The preparation of Removal From Seriously Ill List is similar to that of the Report of Seriously Ill Patient. The responsible ward officer will initiate the form in one copy only by filling in all spaces above the line "Action Taken by Registrar" and forwarding it to the Registrar by special messenger.

REMOVAL FROM SERIOUSLY ILL LIST; INITIATED BY WARD OFFICER

REMOVAL FROM SERIOUSLY ILL LIST		TO: REGISTRAR		HOUR 1500	DATE 20 Nov 45
LAST NAME - FIRST NAME - MIDDLE INITIAL Watson, Thomas J		ARMY SERIAL NUMBER 27 322 176		GRADE Sgt	WARD NO. 30
NAME AND RELATIONSHIP OF ANY RELATIVE AT BEDSIDE, OR RESIDING CLOSE BY None		SIGNATURE OF MEDICAL OFFICER <i>Harold L. Wood May MC</i>			
THIS RELATIVE HAS BEEN NOTIFIED		YES	NO X		
ACTION TAKEN BY REGISTRAR					
ACTION	HOUR	DATE	REMARKS		
REPORT RECEIVED					
NEXT OF KIN NOTIFIED					
INFORMATION OFFICE NOTIFIED					
RED CROSS NOTIFIED					
CHAPLAIN NOTIFIED					
OTHER					
			SIGNATURE		
INSTRUCTIONS Medical Officer initiates form, preparing only one copy and forwards immediately by special messenger.					

WD AGO FORM 8-167
1 SEP 1945

34. ACTION BY REGISTRAR

a. On receipt of the form the Registrar will promptly notify all interested agencies. Telephone will be used in the notification of all intrahospital agencies; the next of kin or other designated person ordinarily will be notified by mail.

b. He will complete the form by filling in the appropriate spaces of the lower section, "Action Taken by Registrar," and sign.

c. On completion of the Removal From Seriously Ill List the Registrar will enter the name and other related data pertaining to the patient on the current master copy of the Roster of Seriously Ill, with a notation under "Remarks" that the patient is no longer considered seriously ill.

d. The form will be filed in the suspense file referred to in paragraph 25c pending disposition or death of the patient.

REMOVAL FROM SERIOUSLY ILL LIST;
COMPLETED BY REGISTRAR

REMOVAL FROM SERIOUSLY ILL LIST		TO: REGISTRAR		HOURL 1500	DATE 20 Nov 45
LAST NAME - FIRST NAME - MIDDLE INITIAL Watson, Thomas J		ARMY SERIAL NUMBER 27 322 176		GRADE Sgt	WARD NO. 30
NAME AND RELATIONSHIP OF ANY RELATIVE AT BEDSIDE, OR RESIDING CLOSE BY None		SIGNATURE OF MEDICAL OFFICER <i>Donald L. Wood May MC</i>			
THIS RELATIVE HAS BEEN NOTIFIED		YES	NO X		
ACTION TAKEN BY REGISTRAR					
ACTION	HOURL	DATE	REMARKS		
REPORT RECEIVED	1545	20 Nov 45	Telegram sent Mrs. Thomas J. Watson 1332 Walker Place New York City, N. Y. Letter sent to above next of kin this date.		
NEXT OF KIN NOTIFIED	1555	20 Nov 45			
INFORMATION OFFICE NOTIFIED	1545	20 Nov 45			
RED CROSS NOTIFIED	1545	20 Nov 45			
CHAPLAIN NOTIFIED	1545	20 Nov 45			
OTHER					
			SIGNATURE <i>L. M. Green</i> L. M. GREEN, Captain, MAC		
INSTRUCTIONS Medical Officer initiates form, preparing only one copy and forwards immediately by special messenger.					

WD AGO FORM 8-167
1 SEP 1945

GPO O - 668266

ROSTER OF SERIOUSLY ILL; REGISTRAR'S MASTER COPY - ENTRY OF DATA REMOVING PATIENT FROM SERIOUSLY ILL STATUS

ROSTER OF SERIOUSLY ILL							DATE	
							20 Nov 45	
WARD	LAST NAME, FIRST NAME, M.I.	GRADE	ASN	DATE REPORTED	CONDITION IS			REMARKS
					BETTER	WORSE	UN-CHANGED	
17	Dookes, John C	Pvt	27 345 876	17 Sep 45		X		
15	West, Sophie D	Cpl	A 120 370	4 Oct 45	X			
16	McCune, Vincent A	S/Sgt	33 026 789	10 Oct 45	X			<i>Removed this date</i>
12	Lasell, Leonard R	Pvt	32 746 198	27 Oct 45		X		
9	Howard, Bruce C	Pvt	37 954 289	1 Nov 45	X			
30	Watson, Thomas J	Sgt	27 322 176	4 Nov 45	X			<i>Removed this date</i>
13	Jones, Harry	Capt	0 450 703	7 Nov 45		X		
28	Hunter, John R	Pvt	32 611 102	12 Nov 45			X	
6	Johnson, William S	M/Sgt	7 001 181	15 Nov 45			X	
13	Mira, Anthony A	Capt	0 465 321	18 Nov 45		X		
34	Robinson, Joe	Pvt	33 111 613	19 Nov 45			X	
13	Jacob, Maurice	Capt	0 454 721	20 Nov 45				<i>Condition critical</i>
31	Parker, Harold M	Cpl	32 615 511	20 Nov 45				

WD AGO FORM 8-166
1 SEP 1945

REMOVAL FROM SERIOUSLY ILL LIST		TO: REGISTRAR	HOUR 1500	DATE 20 Nov 45
LAST NAME - FIRST NAME - MIDDLE INITIAL Watson, Thomas J		ARMY SERIAL NUMBER 27 322 176	GRADE Sgt	WARD NO. 30
NAME AND RELATIONSHIP OF ANY RELATIVE AT BEDSIDE, OR RESIDING CLOSE BY None		SIGNATURE OF MEDICAL OFFICER Harold L. Wood, Maj MC		
THIS RELATIVE HAS BEEN NOTIFIED		YES	NO X	
ACTION TAKEN BY REGISTRAR				
ACTION	HOUR	DATE	REMARKS	
REPORT RECEIVED	1545	20 Nov 45	Telegram sent Mrs. Thomas J. Watson 1332 Walker Place New York City, N.Y. Letter sent to above next of kin this date.	
NEXT OF KIN NOTIFIED	1555	20 Nov 45		
INFORMATION OFFICE NOTIFIED	1545	20 Nov 45		
RED CROSS NOTIFIED	1545	20 Nov 45		
CHAPLAIN NOTIFIED	1545	20 Nov 45		
OTHER				
		SIGNATURE L. M. GREEN, Captain, MAC		
INSTRUCTIONS Medical Officer initiates form, preparing only one copy and forwards immediately by special messenger.				

WD AGO FORM 8-167
1 SEP 1945

GPO O - 56852

15 FEB 1946

TM 8-262
CHAPTER IV

TECHNICAL MANUAL

**ADMINISTRATION OF FIXED HOSPITALS
ZONE OF INTERIOR**

U S WAR DEPARTMENT
Washington 25, D. C., 15 February 1946

Add section 7, chapter IV.

[AG 300.7 (11 Dec 45)]

BY ORDER OF THE SECRETARY OF WAR:

OFFICIAL:

EDWARD F. WITSELL
Major General
Acting The Adjutant General

DWIGHT D. EISENHOWER
Chief of Staff

DISTRIBUTION:

AAF (2); AGF (2); ASF (2); S Div ASF (1); SvC (Surg) (2);
Dep 8 (2); Army Med Purchasing O (2); Med Dept Repl Pools
(5); T/O & E 8-500 (GA), (GB) (1). NO OVERSEAS DISTRIBUTION.

Refer to FM 21-6 for explanation of distribution formula.

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Section 7. Nursing Records

35. GENERAL

a. Standardization of records pertaining to the professional care of patients and the manner in which such records are kept is essential in order that standards common to all hospitals may be established. The presence of such standards will provide the foundation for a high quality of treatment which then may be continued without interruption regardless of changes in the personnel providing such treatment, transfers of patients to other wards within the same hospital, or transfers to other medical installations.

b. In addition, such standardization will permit the adoption of simplified methods and procedures in all hospitals, thereby reducing the administrative burden to a minimum and enabling professionally trained personnel to devote more time to the actual care of patients.

c. It is not the intent of this section to deal with strictly professional matters. The use of one type of treatment or kind of medication exemplified in the text or illustrations will not be interpreted as indicating that such treatment or medication is recommended in preference to, or to the exclusion of any other.

36. NURSING NOTES AND
TREATMENT RECORD

a. WD AGO Form 8-225 (Nursing Notes and Treatment Record) used in conjunction with a specially designed book unit and other accessory forms, is intended to replace the following records:

- (1) Ward Roster.
- (2) Doctor's Order Book.
- (3) WD AGO Form 8-54 (Treatment Record) (formerly WD MD Form 55G-1).

(4) WD AGO Form 8-56 (Temperature-Treatment-Nurses' Notes) (formerly WD MD Form 55H-1).

b. This record may be used also to replace other incidental temporary records, and the manner in which this may be accomplished is discussed in the following paragraphs.

37. INITIATION OF RECORD

a. The Nursing Notes and Treatment Record is initiated by the nurse in charge of the ward at the time of the patient's admission to the hospital and assignment to the ward. She will open the record by entering the following information in the spaces provided:

- (1) Ward number.
- (2) Page number.
- (3) Register number.
- (4) Age.
- (5) Date of admission.
- (6) Grade.
- (7) Army serial number.
- (8) Name.
- (9) Diagnosis.

Items (3) to (9), inclusive, will be transcribed from the Clinical Record Brief accompanying the patient.

NURSING NOTES SECTION OF RECORD:
ADDITIONAL DATA ENTERED BY CHARGE
NURSE AT TIME OF ADMISSION

WD AGO Form 8-225	DATE 9 Apr	NURSING NOTES Admitted To Ward 116 at 1300 Ambulatory. Not complaining of pains or discomfort	DATE
NURSING			

b. In addition to the foregoing data, the charge nurse will enter in the Nursing Notes section of the record the time of admission and condition of the patient, as illustrated.

WD AGO
FORM 8-225
15 Oct 1955

**NURSING
NOTES AND
TREATMENT
RECORD**

WARD 10-

116

PAGE NO.

1

PAGE NUMBERS WILL BE ENTERED CONSECUTIVELY AS EACH FORM IS EXHAUSTED AND A NEW ONE INITIATED.

REGISTER NO.

12 270

AGE

32

THE DATE OF ADMISSION ENTERED WILL BE THE ORIGINAL DATE OF ADMISSION TO THE HOSPITAL, AS RECORDED ON THE CLINICAL RECORD BRIEF.

9 Apr 45

Cast

0 509 221

Haley, John F.

Duodenal Ulcer

c. The record then will be filed in its proper place in the book unit, following which it will be ready for use by the ward officer.

38. PURPOSE AND USE OF BOOK UNIT

a. The book unit is so designed that it will serve as a protective cover for those records currently in use, permit ready reference and addition of new information, and by the use of signals permit supplemental information to be readily available.

b. The book unit is prepared for use by inserting in the lower left corner of each pocket a permanent opaque 1/2 inch wide signal. The signal is constructed with a narrow lip on one end which serves to hold it permanently in place in the pocket. Before inserting, the signals are numbered from 1 to 38, inclusive, for the first book unit, corresponding with the bed numbers on the ward. On wards in which more than 38 beds are utilized, the second unit will begin with 39, and contain sufficient numbered signals for the corresponding number of beds. On those wards where private rooms are lettered, or where lettered units are maintained, the signals may be lettered or a combination letter and figure used (for example, A, B, C, A-1, B-2, C-3). The top pocket of each page of the book unit will not be used, except as specified in paragraph 48d.

39. INSERTING SIGNAL

a. To put the signal in place, insert the nail of the second finger of the left hand beneath the transparent edge of the pocket and raise slightly. Holding the signal between the thumb and second finger of the right hand, with the lip to the left and facing the pocket, insert beneath the transparent edge over the cut-out portion in the center of the pocket.

b. After accomplishing the proce-

dure described above, slowly rotate the signal in a counterclockwise direction so that the lip is engaged beneath the backing of the pocket.

c. Release the transparent edge and slide the signal to the left side of the pocket, where it will be held firmly in place.

d. Care must be taken that all signals are inserted in numerical order. Each patient's record will be placed in the pocket bearing the number of the bed occupied by the patient. To remove a signal, the procedure described above is reversed.

40. INSERTING RECORD

a. After entry of the information referred to in paragraphs 37a and b the Nursing Notes and Treatment Record is ready for insertion in the appropriate pocket of the book unit. First, remove the scale at the bottom of the form. (This scale is provided for use in filling out the form by typewriter, following the instructions printed thereon.) Insert the lower left corner of the record form behind the signal. Gently lift the transparent edge of the pocket with the fingernail as previously described, and slide the lower margin of the record into place.

b. Fold the form along the scored line running horizontally across the page, and insert the folded corners in the topmost diagonal slots in each upper corner of the pocket.

c. Unfold the record form, which is now held securely in place by the lower section of the form. To remove the form, refold along the scored line, lift out of the corner slots and from under the transparent edge.

41. TEMPERATURE GRAPHIC CHART

WD AGO Form 8-57 (Temperature Graphic Chart) (formerly WD MD Form 55H-2), will be made available for use in the book unit in the near future. It is intended to occupy the upper pocket, facing the Nursing

42. WARD OFFICER'S ORDERS

b. Subsequent orders will be entered as indicated in the preceding paragraph, identified by the variations in dates.

a. Each record sheet will be used until the available space in any section is exhausted. A single form may be used for certain types of cases for a period of a month or longer. In order to accomplish this and to provide clear, concise, and significant notes concerning the condition of a patient, the following general rules will be observed:

(1) Remarks entered under Nursing Notes will be brief and will represent significant information only. Entries concerning routine matters of no value in determining the progress of the case will be avoided. In this connection,

ORDERS SECTION: INITIAL ENTRY BY WARD OFFICER

DATE ORDERED	ORDERS (INITIAL EACH ITEM)	DATE DISCONTINUED	May 13	14	15	16	17	18	19
14 May	Load Halibut late 8 ⁰⁰ XV } 8 ³⁰ h p.r.n.	A							
	Load Biscuit 8 ⁰⁰ XV }	B							
	Phenobarb 8 ⁰⁰ XV H.S. & P.R.N.	C							
	Ni Prox Ni Cal Diet	D							
	Muttinitanin cap 8 ⁰⁰ T.I.D.	E							
	(H.U.)	F							

ORDERS SECTION: SUBSEQUENT ENTRY BY WARD OFFICER

DATE ORDERED	ORDERS (INITIAL EACH ITEM)	DATE PRESCRIPTION FULFILLED	May 13	14	15	16	17	18	19
14 May	$\left. \begin{array}{l} \text{Sol Salicylate } g \overline{XXV} \\ \text{Sol Bismuth } g \overline{XV} \end{array} \right\} g \overline{32} p.r.n.$ Phenobarb. $g \overline{33}^{\circ}$ I.H.S. & P.R.N. Hi Prot Hi Cal Diet Multivitamin cap $\overline{99}$ T.I.D. H.V.								
14 May	Novocaine inj of sympathectomy H.V.								

the following items of information will be entered as they become available:

- (a) Time of admission, condition of patient, whether ambulatory or litter, etc.

NURSING NOTES SECTION: INITIAL
ENTRIES BY CHARGE NURSE AT TIME OF
RECEPTION OF PATIENT ON WARD

NO. AND DATE 8-225	DATE 9 Apr.	NURSING NOTES Admitted to Ward 116 at 1300 Ambulatory. Not complaining of pains or discomfort.	DATE
NURSING			

- (b) Time and method of transfer.

NURSING NOTES SECTIONS: ENTRY BY
CHARGE NURSE INDICATING DISCHARGE OF
PATIENT

NO. AND DATE 1	1 May	Admitted to Ward 118 as transfer from Ward 116 at 1500. Ambulatory.
----------------------	-------	------------------------------------------------------------------------

- (c) Time and fact of discharge.

NURSING NOTES SECTION: ENTRY BY
CHARGE NURSE INDICATING DISCHARGE
OF PATIENT

	8 May	Discharged to duty at 1400
--	-------	----------------------------

- (d) Time patient is sent to the operating room, except when such time is specified in the Order section.

- (e) Time and condition of the patient on return from the operating room.
(f) Reaction to anesthesia.
(g) Other relevant remarks that may assist in following the progress of the case.
(h) Remarks will be dated; when deemed essential the time also will be recorded.

NURSING NOTES SECTION: TYPICAL
ENTRIES BY CHARGE NURSE

NO. AND DATE 8-225	DATE 27 Apr.	NURSING NOTES Morph Sulph Gr $\frac{1}{4}$ } 0745 Atropine Gr $\frac{1}{100}$ } To O.R. 2745 Returned -1230. Condition good. Reacted from anesthetic 1400. Morph Sulph gr $\frac{1}{4}$ at 1800 for pain in right leg.	DATE
NURSING NOTES AND TREATMENT RECORD RECD. NO.			
17			

- (2) The Nursing Notes section will not include references to medication or other treatment, or diets, except when there is a deviation from the instructions specified in the Orders section. Such deviation may occur when medication is refused, not given, or not given on schedule; or when diets are refused, or cannot be taken because of nausea, poor appetite, or for other reasons. In the case of PRN medication, the drug, amount, and time of administration will be entered.
- (3) When a Temperature Graphic Chart is maintained, the temperature, pulse, and respiration will not be entered on the Nursing Notes and Treatment Record, except when the time relation cannot be shown graphically.

- (4) General remarks, such as "restless", "comfortable night", and entries of a like nature that are vague in character, will not be made. When circumstances are such as to require the recording of pertinent information, sufficient detail will be entered to permit the individual reviewing the record to reconstruct the circumstances. In the case of neuropsychiatric patients, such detail should include information relative to the patient's activities and a description of his behavior. Conversely, convalescent patients rarely will require an entry, except under special or unusual circumstances. It is not necessary to record the fact of the medical officer's daily visit to the patient, except where special examinations or treatments are performed. On the other hand, nursing notes will not be a substitute for progress notes which are written at least once daily by the medical officer in ac-

tive cases, or at intervals specified by the Commanding Officer inconvalescent or less active cases.

b. In general, only those entries will be recorded that provide information concerning the current condition and treatment of the individual patient, and that contribute to the development of a permanent record that may serve as a basis for future treatment or changes in treatment of similar cases. Such entries will be pertinent to the case, clear, and readily understandable. Information recorded elsewhere in the clinical record will not be repeated on the Nursing Notes and Treatment Record.

44. ENTRY OF COMPLETED ORDERS

a. It will be noted that the lower half of the Nursing Notes and Treatment Record, the Orders section, is divided into two sections. That on the left is for the entry of orders by the ward officer as discussed in paragraph 42. The section on the right is provided for the recording of medications administered and treatments accomplished by the nurse who has been assigned responsibility for those duties.

b. Each main column of the latter section is divided into three sub-columns, headed 0700, 1500, and 2300. These figures indicate the hours entries are made; for example, the nurse on duty from 1500 to 2300 will use the column headed 2300 to indicate the medications given during her tour of duty.

c. All medications or treatments which are administered according to a schedule prescribed and entered by the ward officer are indicated by a check mark. For example, a medication ordered to be given every 2 hours will be indicated by a single check mark only in the appropriate column to indicate that the order was executed on schedule throughout the period of duty.

NURSING NOTES SECTION: EXAMPLE OF REMARKS ENTERED ON A NEUROPSYCHIATRIC CASE

NO. 8-225	DATE	NURSING NOTES
	20 Jul	Pt remains seclusive, doesn't mingle with the other patients, when undisturbed sits off in a corner of the ward staring into space. Doesn't respond when asked "How he feels"; at times appears to be talking to himself. Refuses to take part in games and has to be spoon fed.
NURSING NOTES AND TREATMENT RECORD		
20	20 Jul	Electro shock treatment at 0900. Grand-mal convulsion. 1400- Pt is more alert than previously; shows some interest in his surroundings. Spontaneously spoke to two of the other patients.
1		

15 FEB. 1946

TM 8-262
CHAPTER IVORDERS SECTION: CHECK MARKS INDICATING ADMINISTRATION
OF MEDICATION ACCORDING TO WARD OFFICER'S ORDER

WD AGO FORM 8-225 15 FEB 1945 NURSING NOTES AND TREATMENT RECORD WARD NO. 17	DATE	NURSING NOTES	DATE	NURSING NOTES
	27 Apr	To Surgery on call H.V. Penicillin 15000 U q 3h Morph Sulph 8 1/4 q 4h p.r.n. H.V.		

NURSING NOTES AND ORDERS SECTIONS: PRN ORDER CHECKED IN
ORDERS SECTION AND TIME OF ADMINISTRATION
ENTERED IN NURSING NOTES SECTION

WD AGO FORM 8-225 15 FEB 1945 NURSING NOTES AND TREATMENT RECORD WARD NO. 17	DATE	NURSING NOTES	DATE	NURSING NOTES
	27 Apr	Morph Sulph Gr 1/4 } 0945 Atropine Gr 1/100 } To O.R. 0945 Returned - 1230 Condition good. Reacted from anaesthetic 1400. Morph Sulph Gr 1/4 at 1800 for pain in right leg.		

DATE ORDERED	ORDERS (INITIAL EACH ITEM)	DATE DISCON- TIMED	DATE	Apr 26	27	28	29	30	May 1	2
			A	✓						
			B	✓						
			C	✓						
			D	✓						
			E							
			F	✓						
			G		✓	✓	✓	✓	✓	✓
			H			✓	✓	✓		
			I							
			J		✓	✓	✓	✓	✓	✓

d. Orders which are written as "stat" orders, or "stat and repeat on schedule" orders will be similarly noted. PRN orders, however, will not

only be checked, but the time of administration also will be entered in the Nursing Notes section.

45. PROCEDURE ON COMPLETION OF FORM

a. The record form is intended to be used for a period of 1 week, or until the space in any section thereof has been completely filled in as described in paragraph 43a. When a new form is initiated the identifying data are transcribed to the new record. Orders continuing in effect are transcribed by the nurse; orders that have been discontinued are disregarded.

b. Following the transcription, the new record is continued as previously described. Thus, all nursing notes and records of medication ordered and administered during any period of time will appear on the same page.

c. The old, or preceding, record of the patient is filed with and becomes a part of his clinical records.

46. USE OF CONTINUATION SHEET

a. In certain cases the space provided for orders will be inadequate.

For such cases a second, or continuation sheet, will be inserted in the pocket.

b. The usual identifying data will be entered on the continuation sheet before insertion. Then fold along the scored line so that the Nursing Notes section lies beneath the Orders section and out of sight. The resultant half-sheet is then inserted in the pocket over the form already in use. Thus, the former Nursing Notes section will remain visible. All previous orders are readily available by turning down the continuation sheet to expose those entered on the preceding record.

47. CONTINUING RECORD OVER A PERIOD OF SEVERAL WEEKS

a. In certain types of cases, particularly those receiving convalescent care, only an occasional order or nursing note is required. It will be found in such cases that at the end of a weekly period only a few lines have been used. The record form may be continued as long as

ORDERS SECTION: METHOD OF CONTINUING RECORD OVER A PERIOD OF SEVERAL WEEKS

DATE ORDERED	ORDERS (INITIAL EACH ITEM)	DATE DISCONTINUED	8	9	10	11	12	13	14
8 May	Carbarone tab $\dot{\bar{t}}$ TID for 10 days	12 May	A	✓	✓	✓	✓	✓	
12 May	Chihiofon tab $\dot{\bar{t}}$ TID for 10 days		B						
	Complete urine q 3 days		C				✓	✓	✓
			D				✓		
12 May	Chihiofon Tab $\dot{\bar{t}}$ TID for 10 days		E	15	16	17	18	19	20
	Complete urine q 3 days		F	✓	✓	✓	✓	✓	✓
			G						
			H						
			I						
			J						
			K						

ORDER STILL IN EFFECT HAS BEEN TRANSCRIBED.

space is available for further remarks in the Nursing Notes section, or until all available space in the Orders section has been utilized.

b. To continue the use of either or both sections over a several weeks period, draw a heavy line beneath the last entry for the weekly period. On the next blank line enter the date for the succeeding 7-day period to be covered, and transcribe those orders still effective. This procedure may be repeated as long as space is available for further orders and/or available space for nursing notes has not been utilized.

48. USE OF SIGNALS

a. The book unit may be used to furnish self-contained rosters and provide a simple follow-up system by the use of signals. In addition to the signal described in paragraph 38b, red, blue, and green signals are available.

b. The purposes for which signals may be used will be determined locally, and will be standardized by each installation. Suggested uses are:

- (1) Red signal -- seriously ill.
- (2) Blue signal -- absent on pass, leave, or furlough.
- (3) Green signal -- miscellaneous circumstances that may arise.

c. In addition, the signals referred to in paragraph 38b may have the date and hour of clinic or other appointments written thereon in pencil or ink, following which they are inserted in the visible margin. Such written notations may be removed after they have served their purpose. In this way, a glance at the opened book unit will serve to furnish a variety of information at a glance. Rosters may be maintained in the same manner, thereby avoiding the time-consuming preparation of hand-written lists.

d. In order that instructions as to the use of signals may be readily available to all concerned, the top pocket on the left side of the book

unit may contain an 8x16 inch card on which is entered the purpose of the several signals. The corresponding pocket on the right side may be used for the insertion of a like card illustrating the floor plan of the ward, or for such instructions as may be considered advisable.

49. DETAILED NURSING RECORD

a. WD AGO Form 8-226 (Detailed Nursing Record) is designed to furnish a method for keeping a detailed record of medications or treatments given in certain types of cases. This form ordinarily will be required only where patients are seriously

DETAILED NURSING RECORD: MEDICATION ADMINISTERED AT HOURLY INTERVALS

WD AGO Form 8-226 15 Dec 1945		DAY 18 Feb 45											
		0800	0900	1000	1100	1200	1300	1400	1500	1600	1700	1800	1900
A													
B													
C													
D													
E													
F													
G													
H													
I	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
J													
K													
L													
M	✓				✓				✓				
N	✓	✓	✓	✓	✓			✓		✓		✓	
O													
P													
Q													
R													
S													
T													
NAME		Fowlman, Alfred C.											

ill, postoperative, or receiving special medications at frequent intervals.

b. The form provides for the recording of data at hourly intervals over a 24-hour period. It is inserted in the book unit over the right side of the Orders section of the Nursing Notes and Treatment Records. Entries are made on the lines corresponding to the order in which they are written on the record form.

c. At the end of each tour of duty of the nurse responsible for the maintenance of the record, she will

check this record. If all orders have been carried out as prescribed, she will enter a check mark in the proper space of the Nursing Notes and Treatment Record. The record then may be continued in use until it represents a 24-hour detailed record of medication or treatment administered.

d. At the conclusion of the 24-hour period a new form will be inserted in the book unit. The completed form will be filed on the ward for 1 week, at the end of which time it will be destroyed.

TECHNICAL MANUAL

**ADMINISTRATION OF FIXED HOSPITALS
ZONE OF INTERIOR**

105 WAR DEPARTMENT
Washington 25, D. C., 15 February 1946

Add section 3, chapter VIII.

[AG 300.7 (4 Dec 45)]

BY ORDER OF THE SECRETARY OF WAR:

OFFICIAL:

EDWARD F. WITSELL
Major General
The Adjutant General

DWIGHT D. EISENHOWER
Chief of Staff

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Refer to FM 21-6 for explanation of distribution formula.

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CHAPTER VIII. PERSONNEL ADMINISTRATION

SECTION 3. PATIENTS' PASSES, LEAVES, AND FURLOUNDS

DEFINITIONS

18. GENERAL

Passes and furloughs for enlisted patients are authorized and administered under the provisions of AR 615-275; leaves for officer patients under those of AR 605-115. Passes, leaves, and furloughs should be utilized by hospital commanders to the greatest extent expedient with the program of the installation and consistent with the above-cited Army Regulations. The procedures outlined herein are applicable to individuals on a patient status only. All provisions of this section will remain in force until superseded by pertinent directives issued subsequent to its effective date.

19. PASS

A pass is a form of authorized absence granted by the Commanding Officer of a post, camp, station, or other military installation, to enlisted men under his command. This authority may be delegated to such of their subordinates as they may designate, and in a hospital may be delegated to the Commanding Officer of the Detachment of Patients. For patients, such passes will be prepared on WD AGO Form 8-227 (Patient's Pass Record) which will be used, at hospitals only, in lieu of WD AGO Form 7 (Enlisted Man's Temporary Pass). Passes may fall into either of the two following categories, dependent on the period of time for which granted:

a. Regular passes are those granted at certain specified times each day or each week, as the case may be. Time limits of such passes will be deter-

mined by the Commanding Officer of each medical installation, and will be based upon such factors as the medical condition of the patient, hours for clinical appointments, distance from the hospital to recreational facilities, and similar consideration. The hour that such passes will commence will be well in advance of the hour mess is served, or directly after the hour, in order that the mess officer may be able to approximate his requirements. These passes will terminate at such time in order that patients may return to the hospital in advance of the hour of scheduled treatment.

b. Special passes are granted for periods other than those defined in a above. They will be granted to patients who are restricted to shorter periods of absence than permitted by regular passes; or to those granted permission to be absent for longer periods; in no case, however, to exceed 72 hours.

c. The following limitations apply to the use of passes:

- (1) May not exceed 72 hours in duration.
- (2) May include permission to travel to points within the normal travel radius covered by the time granted, or the distance authorized.
- (3) Requires return to station of origin.
- (4) Does not entitle individual to ration credit.
- (5) Will not be maintained in the possession of the patient except those hours during which absence is authorized.

20. FURLOUGH

A furlough is a type of absence granted enlisted patients for longer periods than those covered by passes. Ordinarily, only the following classes of furloughs will be granted to patients, and then only upon the recommendation of the responsible medical officer:

a. Convalescent Furlough.

- (1) Will be granted to enlisted patients for the purpose of convalescing from a wound, injury, or disease.
- (2) Will not be subject to quota restrictions.
- (3) Ordinarily will be for a period not in excess of 30 days. However, Commanding Officers of general and convalescent hospitals in the zone of interior may grant such furloughs for periods not to exceed 90 days.
- (4) Travel time in addition to furlough time is not authorized.
- (5) Will be entered in the service record as "convalescent furlough."
- (6) May be extended by the granting authority on recommendation of the responsible medical officer.
- (7) Will not be taken into account when considering eligibility for future furloughs.

b. Holiday Furlough.

- (1) Will be granted to enlisted patients during the Fourth of July, Thanksgiving Day, Christmas, and New Year seasons. A holiday season is defined as a 6-day period, the fourth day of which is the holiday.
- (2) Will not be subject to quota restrictions.
- (3) Will be entered in the service record.
- (4) Will not be taken into account when considering eligi-

bility for future furloughs.

c. Religious Furlough.

- (1) Granted to enlisted patients of recognized religious faiths for the purpose of attending annual religious ceremonies.
- (2) Will be for an initial period of 5 days or less, including travel time.
- (3) Will not be subject to quota restrictions.
- (4) Will be entered in the service record.
- (5) Will not be taken into account when considering eligibility for future furloughs.

d. Emergency Furlough.

- (1) Will be granted to enlisted patients in cases of injury, serious illness, death, or impending death of a member of the patient's family or a near relative; or when necessary to arrange personal affairs.
- (2) Will be for an initial period of 15 days or less, in addition to travel time.
- (3) Will not be subject to quota restrictions.
- (4) Will be entered in the service record as "emergency furlough."
- (5) Will not be taken into account when considering eligibility for future furloughs.

e. Retirement Furlough (TM 12-238).

- (1) Will be granted to enlisted patients eligible for retirement under the provisions of AR 615-395 on application through channels to The Adjutant General.
- (2) Will be for a period of 4 months or less, immediately preceding the date of retirement.
- (3) Will not be subject to quota restrictions.

f. Although AR 615-275 defines

CHAPTER VIII

additional types of furloughs, they ordinarily will not be granted enlisted personnel on a patient status. Delays en route, which may be authorized as an adjunct to a furlough, will be discussed elsewhere in this manual.

21. LEAVE

A leave is a type of absence granted to commissioned, warrant, and flight officers on a patient status. This authority, as in the case of passes and furloughs, may be delegated to the Commanding Officer of the Detachment of Patients. Leaves for officer patients, whose absence from the hospital has been approved by the responsible medical officer, fall into the following three categories:

a. Sick Leave.

- (1) Will be granted to officer patients in order to promote convalescence from disease, injury, or disability.
- (2) May also be granted to an officer patient who requires a surgical operation or other treatment for which he is not in suitable condition at the time.
- (3) Will not be counted against annual leave allowance.

b. Informal Sick Leave.

- (1) May be authorized under the same conditions as sick leave is authorized by the Commanding Officer, or other officer designated to approve requests for leaves, for periods not in excess of 72 hours.
- (2) Will not be counted against annual leave allowance.

c. Annual Leave.

- (1) Will not be granted ordinarily to officers on a patient status.
- (2) When granted, will be counted against the officer's annual leave allowance.

22. TEMPORARY DUTY FOR
RECUPERATION OF MILITARY PATIENTS

Any officer or enlisted evacuee may be placed on temporary duty as provided for in section III, WD Circular 389, 1945.

23. PASS POLICY

a. Passes represent periods of authorized absence from hospital routine which are beneficial to patients. Commanding Officers will authorize absence from the hospital whenever practicable. Passes will not be granted under circumstances in which they would interfere with medical or surgical treatment, result in postponement of clinical appointments, interfere with scheduled physical therapy treatment, or participation in the reconditioning program.

b. No authority exists for extending a pass to cover a period greater than 72 hours. Enlisted patients departing on pass will be advised to report by telegram to the officer whose name appears on the pass any inability to return on time and the reason therefor.

24. RESTRICTIONS AND
SUSPENSIONS

Any officer authorized to grant passes may temporarily restrict or suspend the granting thereof to any of the enlisted patients under his jurisdiction when, in his opinion, circumstances render such restrictions or suspensions advisable. Such action may be of a disciplinary nature, and in addition to strictly medical or surgical conditions which might make a patient's absence from the hospital inadvisable.

PATIENT'S PASS RECORD: SPACES COMPLETED ON ADMISSION

16. RECORD OF SPECIAL PASSES (Continued)		
FROM (Hour and date)	TO (Hour and date)	SIGNATURE AND GRADE OF AUTHORIZING OFFICER

SPACES 1 THROUGH 10
COMPLETED BY USE OF
MIMEOGRAPH.

PATIENT'S PASS RECORD

1. LAST NAME, FIRST NAME, MIDDLE INITIAL Doe John C				*REQUIRED ONLY WHEN STENCIL PROCEDURE IS USED.
2. REGISTER NO. 34 278	3. ARMY SERIAL NO. 11 067 928	4. GRADE Pvt		
5. ORGANIZATION AND ARM OR SERVICE 27th Inf Div				
6. AGE 27	7. RACE W	8. LENGTH OF SERVICE 2 7/12	9. DATE OF ADMISSION 4 Jun 45	
10. SOURCE OF ADMISSION* Trfd Halloran GH, NY				

IT IS UNDERSTOOD THAT THIS PASS IS GOOD ONLY WITHIN A RADIUS OF 100 MILES OF THE HOSPITAL NAMED HEREON, AND ONLY DURING THE HOURS SHOWN, UNLESS OTHERWISE INDICATED BELOW. LOSS OF THIS PASS WILL BE REPORTED TO THE AUTHORIZING OFFICER WITHOUT DELAY.

THIS PASS MUST BE TURNED IN TO THE INFORMATION OFFICE UPON RETURN.

TYPED NAME AND
GRADE OF SOLDIER
NOT NECESSARY.
REFER TO SPACE 1.

11. SIGNATURE OF SOLDIER <i>John C. Doe</i>	12. SIG. AND GRADE OF AUTHORIZING OFFICER <i>John T. Jones</i> JOHN T. JONES, Major, MAC
------------------------------------------------	------------------------------------------------------------------------------------------------

13. NAME AND LOCATION OF HOSPITAL Sherman GH, Bluefield, Va

14. WEEK DAYS		15. WEEK ENDS	
FROM (Hour)	TO (Hour)	FROM (Day and hour)	TO (Day and hour)
1630	2400	Fri 1630	Mon 0800

16. RECORD OF SPECIAL PASSES		
FROM (Hour and date)	TO (Hour and date)	SIGNATURE AND GRADE OF AUTHORIZING OFFICER

- FOLD HERE
- INSTRUCTIONS FOR SOLDIER ON PASS
1. I am subject to both military and civil laws, including local traffic and jaywalking regulations.
 2. I must conduct myself at all times in such a manner as not to reflect discredit upon the Army.
 3. I must wear the uniform in the prescribed manner at all times.
 4. I must be moderate in the use of intoxicants when in public.
 5. I understand that this pass may not be extended and that I must report to my organization on time. Failure to do so, or failure to sign a pass request before departure from the hospital will result in my being considered AWOL.
 6. I will notify the officer named above by the most expeditious means possible of any emergency.
 7. I realize that it is my duty to conduct myself properly and in accordance with the above instructions, and that if I do not this pass may be forfeited and further passes may be denied.

WD AGO FORM 8-227
1 NOV 1945

25-85006-50

PROCEDURE

25. GENERAL

a. Enlisted Patients. On admission to the hospital, one copy of WD AGO Form 8-227 (Patient's Pass Record) will be prepared for each enlisted patient, as indicated below, by the Admission and Disposition Branch of the Registrar's Office. It will be forwarded to the Commanding Officer of the Detachment of Patients who will validate it, following which it will be filed in the company roster file.

- (1) In those hospitals using the mechanical method of reproducing admission records, spaces 1 to 10, inclusive, of the form will be processed by mimeograph.
- (2) Where the mechanical method is not used, spaces 1 to 7, inclusive, of the form will be completed by typewriter as specified for making identical entries on the Medical Report Card. (See Ch. II) It will be noted that spaces 8, 9, and 10 will not be completed when this method is used.
- (3) Following the preparation of the form, the patient will read and sign it in space 11, "Signature of Soldier," to indicate his understanding and acceptance of the conditions under which the pass is to be issued.
- (4) The name and location of the hospital, space 13, and the hours during which use of the pass is authorized, spaces 14 and 15, will be entered, preferably in advance. These entries may be made by mimeograph on a supply of forms at one time, care being taken that too large a supply not be prepared which may neces-

sitate their salvage in the event of changes. The typed name and grade of the authorizing officer, space 12, also may be entered at this time. The typed name of the patient is not required since it appears in space 1.

- (5) When a regular pass is approved by the Commanding Officer of the Detachment of Patients, to be effective during the hours noted in spaces 14 and 15, "Week Days" and "Week Ends," no further entry is required.
- (6) When a special pass is approved by the Commanding Officer of the Detachment of Patients for hours other than those noted on the form, the appropriate entry will be made in space 16, "Record of Special Passes." Ordinarily, if the desired destination is within 100 miles of the hospital, no reference to the destination is required; if the destination lies beyond such limits it will be noted by the phrase "Has permission to visit (city)," on the next vacant line. A similar notation is required when travel outside the United States is authorized, even though such destination is within 100 miles of the hospital concerned. However, travel outside the United States will be governed at all times by the appropriate provisions of AR 615-275 and AR 605-115. Similarly, if it is desired to limit travel to one point only, even though it lies within the authorized distance, or to a lesser distance, such limitation may be established by the phrase

PATIENT'S PASS RECORD: SPACES COMPLETED WHEN SPECIAL PASS IS AUTHORIZED

PATIENT'S PASS RECORD	1. LAST NAME, FIRST NAME, MIDDLE INITIAL Doe John C				*REQUIRED ONLY WHEN STENCIL PROCEDURE IS USED.
	2. REGISTER NO. 34 278	3. ARMY SERIAL NO. 11 067 928	4. GRADE Pvt		
	5. ORGANIZATION AND ARM OR SERVICE 27th Inf Div				
	6. AGE 27	7. RACE W	8. LENGTH OF SERVICE 2 7/12	9. DATE OF ADMISSION 4 Jun 45	
	10. SOURCE OF ADMISSION* Trfd Halloran GH, NY				
<p>IT IS UNDERSTOOD THAT THIS PASS IS GOOD ONLY WITHIN A RADIUS OF 100 MILES OF THE HOSPITAL NAMED HEREON, AND ONLY DURING THE HOURS SHOWN, UNLESS OTHERWISE INDICATED BELOW. LOSS OF THIS PASS WILL BE REPORTED TO THE AUTHORIZING OFFICER WITHOUT DELAY.</p> <p>THIS PASS MUST BE TURNED IN TO THE INFORMATION OFFICE UPON RETURN.</p>					
<p>11. SIGNATURE OF SOLDIER <i>John C. Doe</i> FOLD HERE SIG. AND GRADE OF AUTHORIZING OFFICER JOHN C. JONES, Major, MAC</p>					
12. NAME AND LOCATION OF HOSPITAL Sherman GH, Bluefield, Va					
<p>14. WEEK DAYS FROM (Hour) TO (Hour) 15. WEEK ENDS FROM (Day and hour) TO (Day and hour)</p> <p>1630 2400 Fri 1630 Mon 0800</p>					
16. RECORD OF SPECIAL PASSES					
<p>FROM (Hour and date) TO (Hour and date) SIGNATURE AND GRADE OF AUTHORIZING OFFICER</p> <p>0900 31 Jul 45 0900 2 Aug 45 <i>Glenn J. Brown</i> GLENN J. BROWN, Capt., MAC</p>					
<p>FOLD HERE</p> <p>INSTRUCTIONS FOR SOLDIER ON PASS</p> <ol style="list-style-type: none"> I am subject to both military and civil laws, including local traffic and jaywalking regulations. I must conduct myself at all times in such a manner as not to reflect discredit upon the Army. I must wear the uniform in the prescribed manner at all times. I must be moderate in the use of intoxicants when in public. I understand that this pass may not be extended and that I must report to my organization on time. Failure to do so, or failure to sign a pass request before departure from the hospital will result in my being considered AWOL. I will notify the officer named above by the most expeditious means possible in any emergency. I realize that it is my duty to conduct myself properly and in accordance with the above instructions, and that if I do not this pass may be forfeited and further passes may be denied. 					
WD AGO FORM 8-227 1 Nov 1945					

HOURS AND DATES OF SPECIAL PASSES RECORDED IN THIS SPACE.

SIGNATURE OF AUTHORIZING OFFICER. TYPED NAME AND GRADE ARE UNNECESSARY IF THE SAME AS ABOVE.

"Has permission to visit (city) only," or "Has permission to travel 50 miles only" on the next vacant line. If more convenient, WD AGO Form 7 may be used when such limitation is only temporary.

- (7) It is not necessary to type the name and grade of the authorizing officer each time a special pass is granted. It will be done only when the officer signing the pass is other than the officer whose signature appears in space 12.

b. Officer Patients. A copy of WD AGO Form 8-228 (Officer Patients

Informal Sick Leave) will be accomplished for each commissioned, warrant, and flight officer admitted to the hospital. This authorization permits an officer patient to be absent from the hospital for a period not to exceed 72 hours when such absence is approved by the responsible medical officer. The form will be retained in the possession of the officer until his discharge or transfer from the hospital.

26. REGULAR PASSES

a. When a regular pass is desired, the enlisted patient will

CHAPTER VIII

record his name, grade, serial number, inclusive hours of absence desired, and destination on WD AGO Form 8-171 (Regular Pass List) a copy of which will be posted daily on each ward bulletin board. Each ward officer will check the list for his ward, make any changes he deems necessary, sign, and forward the list to the Commanding Officer of the Detachment of Patients. The list must reach the latter officer at least 1 hour before the passes are scheduled to begin.

b. The Commanding Officer of the Detachment of Patients will review the list, make any necessary changes, sign or initial the list to indicate his approval, and give it to his clerk for further processing.

c. The clerk will withdraw the Patient's Pass Records from the company roster file, place them in envelopes according to wards, and forward them to the ward nurses for

distribution.

d. Patients will present their passes at the clothing room and draw their clothing. Care will be exercised to ascertain that only clothing belonging to the individual named on the pass is issued to him in order to keep unauthorized absences at a minimum.

e. Ward officers will inspect enlisted patients before their departure on pass. He will instruct them to report at the Admission and Disposition Branch on their return and turn in their passes to the clerk on duty.

f. The Regular Pass List is sent to the Admission and Disposition Branch at the same time the Patient's Pass Records are forwarded to the wards. As the patients return from pass and turn in their pass records, their names are checked on the list. The pass records will be forwarded to

OFFICER PATIENT'S INFORMAL SICK LEAVE

SPACES 1 THROUGH
10 COMPLETED BY
USE OF MIMEOGRAPH.

OFFICER PATIENT'S INFORMAL SICK LEAVE	1. LAST NAME, FIRST NAME, MIDDLE INITIAL Miller, Arthur V				*REQUIRED ONLY WHEN STENCIL PROCEDURE IS USED.
	2. REGISTER NO. 36 218	3. ARMY SERIAL NO. 0 443 972	4. GRADE Maj		
	5. ORGANIZATION AND ARM OR SERVICE 27th Field Hosp				
	6. AGE 28	7. RACE W	8. LENGTH OF SER. 4 4/12	9. DATE OF ADMISSION 26 Jun 45	
	10. SOURCE OF ADMISSION* Trfd Valley Forge GH Pa				
I understand that this authorization is good only during my absence from regular duties while a patient in this hospital and only when authorized by my ward officer. My absence will not exceed 72 hours or any lesser period specified by my ward officer. Each absence will be recorded in my ward pass book. Loss of this authorization will be reported to authorizing officer immediately and I will surrender it on my discharge or transfer from this hospital.					
11. SIGNATURE OF OFFICER <i>Arthur V. Miller</i>			12. SIGNATURE AND GRADE OF AUTHORIZING OFF. <i>John T. Jones</i> JOHN T. JONES, MAJOR, MAC		
13. NAME AND LOCATION OF HOSPITAL Sherman GH, Bluefield, Va					
WD AGO FORM 8-228 1 Nov 1945					

25-65095-50

OFFICER PATIENT'S INFORMAL SICK LEAVE IS GIVEN TO OFFICER ON ADMISSION TO HOSPITAL AND IS RETAINED BY HIM UNTIL DISCHARGE OR TRANSFER. THIS PASS AUTHORIZES ABSENCES FROM THE HOSPITAL OF 72 HOURS OR LESS, AS SPECIFIED BY THE RESPONSIBLE MEDICAL OFFICER.

TM 8-262
CHAPTER VIII

94-93318-6W

Original from
UNIVERSITY OF CALIFORNIA

the Commanding Officer of the Detachment of Patients each day at 0700, where they will be replaced in the company roster file. When all names have been checked on the Regular Pass List the form will be destroyed.

27. SPECIAL PASSES

a. When a special pass is desired, the enlisted patient will indicate on the Regular Pass List the inclusive hours and destination. On

PATIENT'S PASS RECORD: SPECIAL PASS AUTHORIZED FOR A DISTANCE GREATER THAN ONE HUNDRED MILES

PATIENT'S PASS RECORD	1. LAST NAME, FIRST NAME, MIDDLE INITIAL Roe Richard H				*REQUIRED ONLY WHEN STENCIL PROCEDURE IS USED.
	2. REGISTER NO. 37 104	3. ARMY SERIAL NO. 33 505 333	4. GRADE Cpl		
	5. ORGANIZATION AND ARM OR SERVICE AC Unasgd				
	6. AGE 23	7. RACE W	8. LENGTH OF SER 2 4/12	9. DATE OF ADMISSION 29 Apr 45	
	10. SOURCE OF ADMISSION* Trfd SH Cp Lee, Va				
<p>IT IS UNDERSTOOD THAT THIS PASS IS GOOD ONLY WITHIN A RADIUS OF 100 MILES OF THE HOSPITAL NAMED HEREON, AND ONLY DURING THE HOURS SHOWN, UNLESS OTHERWISE INDICATED BELOW. LOSS OF THIS PASS WILL BE REPORTED TO THE AUTHORIZING OFFICER WITHOUT DELAY.</p> <p>THIS PASS MUST BE TURNED IN TO THE INFORMATION OFFICE UPON RETURN.</p>					
11. SIGNATURE OF SOLDIER <i>Richard H Roe</i>			12. SIG. AND GRADE OF AUTHORIZING OFFICER <i>John T. Jones</i> JOHN T. JONES, Major, MAC		
13. NAME AND LOCATION OF HOSPITAL Sherman GH. Bluefield, Va					
14. WEEK DAYS FROM (Hour) TO (Hour) 1630 2400		15. WEEK ENDS FROM (Day and hour) TO (Day and hour) Fri 1630 Mon 0800			
16. RECORD OF SPECIAL PASSES					
FROM (Hour and date)		TO (Hour and date)		SIGNATURE AND GRADE OF AUTHORIZING OFFICER	
0900 30 Jul 45		0900 2 Aug 45		<i>John T. Jones</i>	
Has permission to visit Philadelphia					
FOLD HERE					
INSTRUCTIONS FOR SOLDIER ON PASS					
1. I am subject to both military and civil laws, including local traffic and jaywalking regulations.					
2. I must conduct myself at all times in such a manner as not to reflect discredit upon the Army.					
3. I must wear the uniform in the prescribed manner at all times.					
4. I must be moderate in the use of intoxicants when in public.					
5. I understand that this pass may not be extended and that I must report to my organization on time. Failure to do so, or failure to sign a pass request before departure from the hospital will result in my being considered AWOL.					
6. I will notify the officer named above by the most expeditious means possible of any emergency.					
7. I realize that it is my duty to conduct myself properly and in accordance with the above instructions, and that if I do not this pass may be forfeited and further passes may be denied.					
WD AGO FORM 8-227 1 Nov 1945					

SIGNATURE REQUIRED ONLY WHEN DESTINATION IS AT A GREATER DISTANCE THAN 100 MILES OR LOCATED OUTSIDE THE UNITED STATES.

recommendation of the ward officer and approval by the Commanding Officer of the Detachment of Patients, the appropriate entries will be made in space 16 of the Patient's Pass Record. Further procedure will be the same as outlined in paragraph 26 for regular passes. WD AGO Form 7 may be used in emergencies or when any of the provisions of the Patient's Pass Record are inappropriate.

b. When, in the opinion of the Commanding Officer of the Detachment of Patients, it is impracticable to issue a pass as described in paragraphs 26 and 27, WD AGO Form 8-170 (Absence Request) will be used. This

method may be utilized in cases of emergency, and the delay relative to the former procedure may be avoided.

28. PROCEDURE ON LOSS OF PASS

a. Every precaution will be taken to safeguard signed passes. The officer to whom pass authority has been delegated will be responsible for the issue of passes, and for their collection on the return of patients from pass and on discharge from the hospital.

b. Passes will not be left in the permanent possession of enlisted patients, except when authorized by the

ABSENCE REQUEST: REQUEST FOR SPECIAL PASS

ABSENCE REQUEST			NAME (Last, First, Middle Initial), ASN, GRADE		WARD	DATE
			Roe, Richard H 93 505 333 Gpd		27	29 Jul 45
TYPE OF ABSENCE REQUESTED (Check one)					REASON FOR REQUEST	
OFFICER PATIENTS			ENLISTED PATIENTS			Mother has birthday on 1 Aug 45
SICK LEAVE	ANNUAL LEAVE	TEMPORARY DUTY	SPECIAL PASS	FURLOUGH	TEMPORARY DUTY	
			<input checked="" type="checkbox"/>			
LENGTH OF TIME REQUESTED					DESTINATIONS OR POINTS OF RECUPERATION WITH TELEPHONE NUMBERS	
FROM (Date and Hour)			TO (Date and Hour)			Walnut Park Plaza 63rd and Walnut Sts Philadelphia, Pa Walnut 6300
0900 30 Jul 45			0900 2 Aug 45			
DO YOU HAVE SUFFICIENT FUNDS TO MAKE THE JOURNEY? (Check)						
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO						
SIGNATURE OF APPLICANT					SIGNATURE OF COMMANDING OFFICER, DETACHMENT OF PATIENTS	
Richard H. Roe					John T. Jones	
SIGNATURE OF WARD OFFICER						
Robert H. Brown						
IF DISAPPROVED, REASON FOR ACTION AND SIGNATURE WILL BE ENTERED IN THIS SPACE						
INSTRUCTIONS: Prepare one copy and forward to Commanding Officer, Detachment of Patients, as far in advance of effective date as possible. If approved, pass, furlough, or special order will be returned to ward. Form will then be forwarded to Admission and Disposition office.						

WD AGO FORM 8-170
1 NOV 1945

25-68094-50

IN ORDER TO EXPEDITE THE GRANTING OF SPECIAL PASSES, WHEN WD AGO FORM 8-171 WILL NOT SERVE, THE ABSENCE REQUEST MAY BE INITIATED IN ONE COPY BY THE PATIENT. IT IS SIGNED OR INITIALED BY WARD OFFICER AND FORWARDED TO THE COMMANDING OFFICER OF THE DETACHMENT OF PATIENTS. IF APPROVED, PATIENT'S PASS RECORD IS REMOVED FROM ROSTER FILE AND SENT TO WARD.

ABSENCE REQUEST AND FURLOUGH FORM

ABSENCE REQUEST			NAME (Last, First, Middle Initial), ASN, GRADE		WARD	DATE
			Doe, John C, 11067928 Pvt		27	29 July 45
TYPE OF ABSENCE REQUESTED (Check one)					REASON FOR REQUEST	
OFFICER PATIENTS			ENLISTED PATIENTS			To see my family
SICK LEAVE	ANNUAL LEAVE	TEMPORARY DUTY	SPECIAL PASS	FURLOUGH	TEMPORARY DUTY	
				<input checked="" type="checkbox"/>		
LENGTH OF TIME REQUESTED					DESTINATIONS OR POINTS OF RECUPERATION WITH TELEPHONE NUMBERS	
FROM (Date and Hour)			TO (Date and Hour)			78 Wellman St Brookline, Mass. Appraisal 6156
0900 5 Aug 45			0900 15 Aug 45			
DO YOU HAVE SUFFICIENT FUNDS TO MAKE THE JOURNEY? (Check)						
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO						
SIGNATURE OF APPLICANT					SIGNATURE OF COMMANDING OFFICER, DETACHMENT OF PATIENTS	
John C Doe					John T. Jones	
SIGNATURE OF WARD OFFICER						
Robert H. Brown						
IF DISAPPROVED, REASON FOR ACTION AND SIGNATURE WILL BE ENTERED IN THIS SPACE						
INSTRUCTIONS: Prepare one copy and forward to Commanding Officer, Detachment of Patients, as far in advance of effective date as possible. If approved, pass, furlough, or special order will be returned to ward. Form will then be forwarded to Admission and Disposition office.						

WD AGO FORM 8-170
1 NOV 1945

25-65094-50

ABSENCE REQUEST IS INITIATED IN SINGLE COPY BY ENLISTED PATIENT DESIRING FURLOUGH. WARD OFFICER SIGNS TO SIGNIFY HIS APPROVAL AND FORWARDS TO THE COMMANDING OFFICER OF THE DETACHMENT OF PATIENTS. IF APPROVED, HE SIGNS REQUEST AND GIVES TO COMPANY CLERK WHO PREPARES FURLOUGH IN DUPLICATE.

W. D., A. G. O. Form No. 31 8 June 1944 This form supersedes W. D., A. G. O. Form No. 31, 2 July 1943, which will not be used after receipt of this revision.			FURLOUGH		
LAST NAME—FIRST NAME—MIDDLE INITIAL			SERIAL NO.	GRADE	
Doe, John C			11 067 928	Pvt	
ORGANIZATION AND STATION Det of Pts, Sherman GH, Bluefield, Va			LAST PAID TO INCLUDE (DATE)		
			31 Jul 45		
IS AUTHORIZED TO BE ABSENT			NO. DAYS	PARTIAL PAYMENTS SINCE ABOVE DATE	
FROM 5 Aug 45 TO 15 Aug 45			10	None	
ADDRESS WHILE ON FURLOUGH					
78 Wellman St., Brookline, Mass					
FURLOUGH GRANTED UNDER ARMY REGULATIONS 615-273, PARAGRAPH 11 f					
TYPED NAME, GRADE AND ORGANIZATION			APPROVED		
JOHN T. JONES Major, MAC			John T. Jones (SIGNATURE)		

ORIGINAL

16-41023-1

ORIGINAL COPY OF FORM
GIVEN TO PATIENT.

INSTRUCTIONS

Later than 2400 (midnight) of the day due to return from.

in Canada, Mexico, or any foreign country without

Furlough is authorized at Government expense only if available facilities of the Army or other Federal commanding officer must be advised as soon as possible from civilian hospitals or physicians.

The organization indicated on the face of this certificate must expeditious means in case of serious accident or illness, or if for any reason it is impossible for you to report for duty on or before the date you are due to return.

John C Doe
(Signature of Soldier)
☆ U. S. GOVERNMENT PRINTING OFFICE : 1944 16-41023-1

Commanding Officer of the Detachment of Patients. In the event that a pass is lost, destroyed, or otherwise rendered unserviceable, the fact will be reported immediately to the Commanding Officer of the Detachment of Patients. He will investigate the facts surrounding such loss and take such action as he deems necessary. When considered advisable, he may issue a copy of the Patient's Pass Record as a replacement.

29. FURLONGHS

a. An enlisted patient desiring a furlough will complete one copy of the Absence Request and submit the form to his ward officer for further action.

b. In considering the request, the ward officer will exercise precaution to avoid approving a request for furlough that may tend to interfere with medical treatment or in any way delay disposition of the case. If he approves the request, he will indicate his decision by signing the form, and will forward it to the Commanding Officer of the Detachment of Patients. If the request is disapproved by the ward officer, he will indicate the reason for disapproval and return the form to the patient.

c. The Commanding Officer of the Detachment of Patients will carefully review furlough requests submitted to him. If he approves the request, he will sign or initial the form and give it to his clerk for further processing.

d. The clerk will prepare WD AGO Form 31 (Furlough) in duplicate. The original copy will be authenticated by the Commanding Officer of the Detachment of Patients, and forwarded to the ward officer for delivery to the patient on the effective date. The duplicate copy will be held in a suspense file by the clerk until the patient returns from furlough.

e. The Absence Request is forwarded to the Admission and Disposition Branch after preparation of the

Furlough form. The length of the furlough and fact of departure of the patient will be entered on the Admission and Disposition Sheet for the effective date. The Absence Request will be held in a suspense file pending the patient's return, after which it will be destroyed. One copy of the Admission and Disposition Sheet is forwarded to the Military Personnel Branch where appropriate entries are made in the patient's service record.

f. The patient will present the original copy of the Furlough form at the clothing room and draw his clothing. Prior to departure he will be inspected by the ward officer, who will cause him to be dropped from the Ward Morning Report on the day of departure.

g. On his return from furlough, the patient will report to the Admission and Disposition Branch, where the clerk on duty will enter the day and hour of return on the Furlough form and reassign the patient to a ward.

h. The Admission and Disposition Branch will make the necessary entries on the Admission and Disposition Sheet for the appropriate day indicating the patient's return. The Furlough form will be forwarded to the Commanding Officer of the Detachment of Patients.

i. The Commanding Officer of the Detachment of Patients will make any necessary entries on the reverse side of the duplicate copy of the Furlough form, initial, and forward to the Military Personnel Branch. He will destroy the original copy.

j. The Military Personnel Branch will take necessary action to insure proper entry on the pay roll for payment of rations.

30. LEAVES

a. The Officer Patient's Informal Sick Leave, which is retained in the possession of each officer patient during his period of hospitalization

15 Feb 1946

ADMISSION AND DISPOSITION SHEET: DEPARTURE ON FURLOUGH

SHERMAN GENERAL HOSPITAL
BLUEFIELD, VIRGINIA

ADMISSION AND DISPOSITION SHEET

5 August 1945

CHANGE OF STATUS OUT

NAME	SSN	GRADE	STATUS	DATE	TIME	REMARKS
Daubins, Roger S	0 121 445	Maj	Inf Unasgd	30 days	0900	15
Taylor, James I	0 372 241	Capt	Inf Unasgd	15 days	0930	15
Roberts, George W	0 293 406	Maj	Unasgd	7 days	0900	15
Francis, Wesley C	19 169 731	S/Sgt	AC Unasgd	21 days	0900	27
Neal, Frank A	34 052 384	Cpl	1st Lt 1230th	14 days	0900	27
Doe, John C	11 067 928	Pvt	27th Inf Div	10 days	0900	27
Olewiler, Norman R	0 111 231	Capt	Inf Unasgd	0001	6A	
Burton, John C	32 414 622	Sgt	AC Unasgd	0900	27	

ENTRY IS MADE ON
ADMISSION AND DIS-
POSITION SHEET DAY
ENLISTED PATIENT DE-
PARTS ON FURLOUGH.

ADMISSION AND DISPOSITION SHEET: RETURN FROM FURLOUGH

SHERMAN GENERAL HOSPITAL
BLUEFIELD, VIRGINIA

ADMISSION AND DISPOSITION SHEET



15 August 1945

CHANGE OF STATUS IN

NAME	SSN	GRADE	STATUS	DATE	TIME	REMARKS
Smith, Herbert P	0 401 002	Maj	AC Unasgd	2300	6A	
Parnell, Paul L	0 1 705 386	1st Lt	DC Unasgd	1500	15	
Johnson, Harold W	34 036 641	Cpl	AC Unasgd	1400	21	
Doe, John C	11 067 928	Pvt	27th Inf Div	2300	27	

ENTRY IS MADE ON
ADMISSION AND DIS-
POSITION SHEET DAY
ENLISTED PATIENT RE-
TURNS FROM FUR-
LOUGH.

FURLOUGH FORM: ENTRY ON RETURN

W. D., A. G. O. Form No. 31 8 June 1944 This form supersedes W. D., A. G. O. Form No. 31, 2 July 1943, which will not be used after receipt of this revision.			FURLOUGH	
LAST NAME—FIRST NAME—MIDDLE INITIAL		SERIAL No.	GRADE	
Doe, John C		11 067 928	Pvt	
ORGANIZATION AND STATION		LAST PAID TO INCLUDE (DATE)		
Det of Pts, Sherman GH, Bluefield, Va		31 Jul 45		
IS AUTHORIZED TO BE ABSENT		No. DAYS	PARTIAL PAYMENTS SINCE ABOVE DATE	
FROM 5 Aug 45 TO 15 Aug 45		10	None	
ADDRESS WHILE ON FURLOUGH				
78 Wellman St., Brookline, Mass				
FURLOUGH GRANTED UNDER ARMY REGULATIONS 615-275, PARAGRAPH  11 f				
TYPED NAME, GRADE AND ORGANIZATION		APPROVED		
JOHN T. JONES Major, MAC		 (SIGNATURE)		

0930 15 Aug 45

ORIGINAL 16-41023-1

HOUR AND DATE OF RETURN.

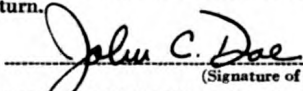
INSTRUCTIONS

You must report for duty not later than 2400 (midnight) of the day due to return as indicated on the face of this form.

You are not authorized to visit Canada, Mexico, or any foreign country without specific authority.

Medical treatment while on furlough is authorized at Government expense only when it cannot be secured from available facilities of the Army or other Federal agency (AR 40-505). Your commanding officer must be advised as soon as possible of any medical treatment obtained from civilian hospitals or physicians.

The commanding officer of the organization indicated on the face of this certificate should be advised by the most expeditious means in case of serious accident or illness, or if for ANY reason it is impossible for you to report for duty on or before the date you are due to return.


(Signature of Soldier)
☆ U. S. GOVERNMENT PRINTING OFFICE : 1944 16-41023-1

DATE AND HOUR OF RETURN IS NOTED ON ORIGINAL OF THE FORM BY CLERK ON DUTY IN THE ADMISSION AND DISPOSITION BRANCH. FORM IS FORWARDED TO COMMANDING OFFICER OF THE DETACHMENT OF PATIENTS, WHO HAS RETAINED DUPLICATE COPY. REVERSE SIDE OF THE DUPLICATE IS COMPLETED, IF NECESSARY. ORIGINAL IS DESTROYED AND DUPLICATE IS SENT TO MILITARY PERSONNEL BRANCH.

at the individual medical installation, is the only document necessary for informal sick leaves of 72 hours or less. The patient will obtain

verbal approval from his ward officer prior to going on leave, and will sign the register maintained on his ward on departure and return.

b. An officer patient desiring a formal leave will complete one copy of the Absence Request and submit the form to his ward officer for approval.

c. In considering the request, the ward officer will exercise precaution to avoid approving a request that may tend to interfere with medical treatment, delay appearance before a board, or delay final disposition of the case. If he approves the request, he will indicate his decision by signing the form, and will forward it to the Commanding Officer of the Detachment of Patients. If the request is disapproved by the ward officer, he will indicate the reason for disapproval and return the form to the patient.

d. On receipt of the request, the Commanding Officer of the Detachment

of Patients will review it and indicate his approval by signing and forwarding the form to the Special Orders Section of the Military Personnel Branch.

e. The Special Orders Section will extract pertinent information from the Absence Request and publish the necessary special orders. The Absence Request is forwarded to the Admission and Disposition Branch; the special orders are forwarded to the Adjutant.

f. The Admission and Disposition Branch will make appropriate entries as to the type and length of leave on the Admission and Disposition Sheet for the day of departure. The Absence Request will be held in a suspense file until the patient's return, after which it will be destroyed.

ABSENCE REQUEST: COMPLETED BY OFFICER PATIENT

ABSENCE REQUEST		NAME (Last, First, Middle Initial), ASN, GRADE		WARD	DATE
		Miller, Arthur C		0439725	6A 24 Aug 45
TYPE OF ABSENCE REQUESTED (Check one)				REASON FOR REQUEST	
OFFICER PATIENTS		ENLISTED PATIENTS			
SICK LEAVE	ANNUAL LEAVE	TEMPORARY DUTY	SPECIAL PASS	FURLOUGH	TEMPORARY DUTY
<input checked="" type="checkbox"/>					
LENGTH OF TIME REQUESTED					
FROM (Date and Hour)		TO (Date and Hour)		DESTINATIONS OR POINTS OF RECOVERY WITH TELEPHONE NUMBERS	
0800 1 Sep 45		0800 1 Oct 45		103 Roselawn, St Monroe, La	
DO YOU HAVE SUFFICIENT FUNDS TO MAKE THE JOURNEY? (Check)					
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO					
SIGNATURE OF APPLICANT				PH: 2972	
Arthur C Miller					
SIGNATURE OF WARD OFFICER				SIGNATURE OF COMMANDING OFFICER, DETACHMENT OF PATIENTS	
Samuel P Smith				John T. Jones	
IF DISAPPROVED, REASON FOR ACTION AND SIGNATURE WILL BE ENTERED IN THIS SPACE					
INSTRUCTIONS: Prepare one copy and forward to Commanding Officer, Detachment of Patients, as far in advance of effective date as possible. If approved, pass, furlough, or special order will be returned to ward. Form will then be forwarded to Admission and Disposition office.					

WD AGO FORM 8-170
1 Nov 1945

25-54094-30

REQUEST FOR LEAVE IS INITIATED IN ONE COPY. IT IS SIGNED OR INITIALED BY THE WARD OFFICER AND FORWARDED TO THE COMMANDING OFFICER OF THE DETACHMENT OF PATIENTS. IF APPROVED, THE REQUEST IS FORWARDED TO THE SPECIAL ORDERS SECTION.

ADMISSION AND DISPOSITION SHEET AND LOCATOR CARD:
DEPARTURE ON LEAVESHERMAN GENERAL HOSPITAL
BLUEFIELD, VIRGINIAADMISSION AND DISPOSITION SHEET

1 September 1945

CHANGE OF STATUS OUT

Sk Iv

Miller, Arthur V	0 443 972	Maj	27th Field Hosp	30 days 0900	6A
Taylor, James I	0 372 241	Capt	Inf Unasgd	15 days 0930	15

Sherman GH
6A P No Miller, Arthur V
36 218 0 443 972 Maj

Mrs Joan A Miller (W)
5 W Franklin St
Newark, N J

27th Fld Hosp

28 W 4 4/12
Trfd, Valley Forge GH
Pa

D Maj DFW

1135
LD

Miller, Arthur V Maj 6A

30 days sk lv off 1 Sep 45
50 241, p. 2, 29 Aug 45

ENTRY IS MADE ON ADMISSION AND DIS-
POSITION SHEET AND LOCATOR CARD DAY
PATIENT DEPARTS ON LEAVE.

COPY OF ADMISSION AND DISPOSITION SHEET
IS SENT TO ALL OFFICES. OFFICES MAIN-
TAINING LOCATOR FILES WILL MAKE A PEN-
CILED NOTATION ON THE LOCATOR CARD
OF THE INDIVIDUAL WHOSE STATUS HAS
CHANGED IN THE PERIOD OF TIME COVERED
BY THE ADMISSION AND DISPOSITION SHEET.

g. On receipt of the special orders the Adjutant authenticates them. One copy is forwarded to the Military Personnel Branch for filing in the patient's 201 file; two copies are forwarded to the ward officer for delivery to the patient on the effective date of leave. The ward officer will instruct the patient to sign the register in the Admission and Disposition Branch on his departure and return. The patient is dropped on the Ward Morning Report on the day of departure.

h. On his return from leave, the officer patient will sign the register and present a copy of his special orders to the clerk on duty in the Admission and Disposition Branch. The clerk will stamp on it the date

and hour of return, and reassign the patient to a ward. Pertinent information relative to the patient's return is entered on the appropriate Admission and Disposition Sheet, after which the special orders may be destroyed.

31. TEMPORARY DUTY

a. When an evacuee patient is to be placed on a temporary duty status, he will complete one copy of the Absence Request on instructions of the ward officer. Prior to the initiation of the Absence Request, the ward officer will ascertain that such period of temporary duty will not interfere with medical treatment, delay appearance before a board, or delay

SPECIAL ORDERS: AUTHORIZING PATIENT'S LEAVE

RESTRICTED

SHERMAN GENERAL HOSPITAL
Bluefield, Virginia

SPECIAL ORDERS
NUMBER 241

29 Aug 1945

1. So much of par 1 SO 239 this Hq cs pertaining to CAPT JOHN D HUNTER 025426 MC is amended to incl "5 days delay enroute chargeable as lv auth."
2. So much of par 2 SO 240 this Hq cs as reads "15 days" is amended to read "16 days."

3. Lv granted fol off:

Name	Days Lv	Type Lv	Eff o/a
MAJ ARTHUR V MILLER 0443972 MC	30	sk	1 Sep 45
1ST LT SAMUEL P SMITH 0221067 MAC	5	sk	30 Aug 45
1ST LT RUTH E FIELDS N302044 ANC	15	sk	31 Aug 45
2ND LT SUSAN O BRYAN I306113 WAC	2	ordinary	1 Sep 45

4. Fol C in dy asgmts made eff this date:

Name	Rel'd from	Asgd to
1ST LT MARJORIE R REYNOLDS I401233 WAC	Asst Mess O (P/D)	Supply O (P/D)
2ND LT ORAN A RILEY 0222342 MAC	Asst Adj (P/D)	Registrar (P/D)

BY ORDER OF COLONEL THORNDYKE:

OFFICIAL:

THOMAS TRACY
Captain, MAC
Adjutant

Thomas Tracy
THOMAS TRACY
Captain, MAC
Adjutant

DISTRIBUTION:

A

RESTRICTED

TWO COPIES OF SPECIAL ORDERS ARE ISSUED TO OFFICER AND RETAINED BY HIM UNTIL HIS RETURN FROM LEAVE, WHEN ONE COPY IS TURNED IN TO ADMISSION AND DISPOSITION BRANCH. DATE AND HOUR OF RETURN ARE MARKED ON COPY AND INFORMATION IS EXTRACTED FOR ADMISSION AND DISPOSITION SHEET. IF REQUIRED AS SUPPORTING PAPERS FOR PAY OR TRAVEL ALLOWANCE VOUCHERS, THE NECESSARY NUMBER OF ADDITIONAL COPIES OF ORDERS ARE FURNISHED AT THIS TIME.

ADMISSION AND DISPOSITION SHEET: RETURN FROM LEAVE

SHERMAN GENERAL HOSPITAL
BLUEFIELD, VIRGINIAADMISSION AND DISPOSITION SHEET

1 October 1945

CHANGE OF STATUS IN

Fr Sk Lv

Miller, Arthur V	0 443 972	Maj	27th Field Hosp	2300	6A
Parnell, Paul L	0 1 705 386	1st Lt	DC Unasgd	1500	15

Fr Fur

Johnson, Harold W	21 026 641	Cpl	AC Unasgd	1600	21
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ENTRY IS MADE ON ADMISSION AND DISPOSITION SHEET DAY PATIENT RETURNS FROM LEAVE.

final disposition of the case. He will sign the form and forward it to the Commanding Officer of the Detachment of Patients.

b. On receipt of the request, the Commanding Officer of the Detachment of Patients will review and sign it to indicate his approval. The form then will be forwarded to the Special Orders Section of the Military Personnel Branch.

c. In the preparation of special orders affecting patients on a temporary duty status, a phrase will be included to the effect that authority is granted to visit such additional places within the United States as may be desired, at no expense to the Government. Also, per diem allowance for the period of travel to and from the point of recuperation is authorized for officer patients; monetary allowance for subsistence or meal tickets, and travel allowance, is authorized for enlisted patients. After preparation of the special orders, the Absence Request is forwarded to the Admission and Disposi-

tion Branch; the special orders are forwarded to the Adjutant.

d. The Admission and Disposition Branch will make the necessary entries on the appropriate Admission and Disposition Sheet relative to the patient's departure on temporary duty and length of such duty. The Absence Request will be held in a suspense file pending the patient's return, after which it will be destroyed.

e. On receipt of the special orders by the Adjutant he will authenticate them and forward one copy to the Military Personnel Branch, and two copies to the ward officer for delivery to the patient.

f. The Military Personnel Branch will file the copies of special orders in the 201 files of officer patients; in the case of enlisted patients an entry will be made under "Remarks-Administrative" of the service record, stating the purpose, inclusive dates, and authority for the temporary duty.

g. The ward officer will deliver two copies of the special orders to

ABSENCE REQUEST, SPECIAL ORDERS, SERVICE RECORD: TEMPORARY DUTY STATUS

ABSENCE REQUEST				NAME (Last, First, Middle Initial), ASN, GRADE <i>Weber, Paul V. 32 416 112 Pfc</i>		WARD <i>25</i>	DATE <i>5 Sep 45</i>
TYPE OF ABSENCE REQUESTED (Check one)				REASON FOR REQUEST			
OFFICER PATIENTS			ENLISTED PATIENTS			<i>Conscience</i>	
SICK LEAVE	ANNUAL LEAVE	TEMPORARY DUTY	SPECIAL PASS	FURLOUGH	TEMPORARY DUTY		
LENGTH OF TIME REQUESTED				DESTINATIONS OR POINTS OF RECUPERATION WITH TELEPHONE NUMBERS			
FROM (Date and Hour)		TO (Date and Hour)		<i>1750 Commonwealth Ave. New York, NY Westchester 46654 22 Fleming St. Waterbury, Conn 65668</i>			
<i>10 Sep 0900</i>		<i>10 Oct 0900</i>					
DO YOU HAVE SUFFICIENT FUNDS TO MAKE THE JOURNEY? (Check)				SIGNATURE OF COMMANDING OFFICER, DETACHMENT OF PATIENTS			
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO				<i>John T. Jones</i>			
SIGNATURE OF APPLICANT <i>Paul V. Weber</i>				SIGNATURE OF WARD OFFICER <i>Charles P. Jones</i>			
IF DISAPPROVED, REASON FOR ACTION AND SIGNATURE WILL BE ENTERED IN THIS SPACE							
INSTRUCTIONS: Prepare one copy and forward to Commanding Officer, Detachment of Effective date as possible. If approved, pass, furlough, or special order will be forwarded to Admission and Disposition office.							
WD AGO FORM 8-170 1 NOV 1945							

REQUEST FOR TEMPORARY DUTY IS INITIATED IN SINGLE COPY BY PATIENT.

ENTRY IS MADE UNDER "REMARKS—ADMINISTRATIVE" OF SERVICE RECORD.

RESTRICTED

SHERMAN GENERAL HOSPITAL
Bluefield, Virginia

SPECIAL ORDERS
NUMBER 247

4 Sep 1945

1. PAC WD Memo 600-45 10 Jul 45 as amended Pfc Paul V Weber 32416112 WP 22 Fleming St Waterbury Conn o/a 10 Sep 45 for 30 days TDY for purpose of recuperation rehabilitation and recovery. 2 days tvl time auth. Auth is granted to visit such add places within continental US as may be desired during TDY at no add expense to govt. EM will ret this sta on or before 12 Oct 45. EM entitled to fur rat for TDY. UP AR 35-4520 FD will pay in advance prescribed mon alws in lieu of rat for period of tvl a/r \$1.00 per meal for 6 meals. UP AR 35-4810 FD will pay in advance prescribed mon alws in lieu of T a/r 3¢ per mile from this sta to above address and ret. TDN FSA 601-6 P432-02 A 212/60425 S99-999.

TRAVEL ALLOWANCE TO AND FROM POINT OF RECUPERATION AND MEAL TICKETS WHILE EN ROUTE ARE FURNISHED ENLISTED PATIENTS. OFFICER PATIENTS RECEIVE PER DIEM FOR PERIOD OF TRAVEL TO AND FROM POINT OF RECUPERATION. AUTHORITY IS ALSO GRANTED IN SPECIAL ORDERS TO VISIT SUCH ADDITIONAL PLACES IN THE UNITED STATES AS MAY BE DESIRED.

16 REMARKS—ADMINISTRATIVE

Under this heading will be shown all administrative matter not shown elsewhere and not of a character authorizing pay. Show wounds, battles, engagements, etc., and such other entries not set forth elsewhere as may be required to make soldier's record complete.

Transferred to the Enlisted Reserve Corps 15 Dec 43 pursuant to AR 615-500 and furnished transportation to local board. This reservist was ordered to active duty to report to the Reception Center at Camp Shelby, Miss, per SO

Returned to US for hospitalization 2 Feb 45, under provisions of Par. 19a, WD Cir 8, 1945.

TD for recuperation per Par. 1, SO 24 Sherman GH, Bluefield, Va. 10 Sep 45 to 10 Oct 45.

the patient on the effective date of temporary duty. Officer patients will sign the register in the Admission and Disposition Branch on departure. The patient will be dropped on the Ward Morning Report on the day of departure.

h. On his return from temporary duty, the patient will present a copy of his special orders to the clerk on duty in the Admission and Disposition Branch, who will stamp on it the date and hour of return, and reassign the patient to a ward. In addition to presenting a copy of their special orders, officer patients will sign the register on return from temporary duty.

i. The Admission and Disposition Branch will enter the pertinent information relative to the patient's return on the appropriate Admission and Disposition Sheet.

32. SUSPENSE FILES

a. On the day of departure of enlisted patients on regular pass, special pass, furlough, or temporary duty, and of officer patients on sick leave or temporary duty, the Regular Pass Lists and Absence Requests will be placed in suspense files maintained in the Admission and Disposition Branch and held there pending the return of the patients.

b. The suspense file for Regular Pass Lists will be set up by wards; that for Absence Requests will be set up according to date of return of patients to the hospital.

c. Suspense files will be checked prior to the publication of each edition of the Admission and Disposition Sheet to insure prompt entry thereon of remarks pertaining to AWOL or other changes in status.

UNAUTHORIZED ABSENCE

33. GENERAL

Unauthorized absence from a hospital is regarded in the same light as is such absence from any other military organization. The same penalties for infraction of rules will be applied at a hospital as apply at any installation. Every precaution will be exercised by hospital commanders, the Commanding Officer of the Detachment of Patients, and others concerned, to keep unauthorized absences at a minimum within the command.

34. ENLISTED PATIENTS

a. In order to establish the fact of unauthorized absence and to take necessary action thereon, the procedure outlined below will be followed:

- (1) Regular Pass Lists and Absence Requests are held in the Admission and Disposition Branch pending the return of

patients concerned.

- (a) These records will be checked daily, prior to the publishing of the Admission and Disposition Sheet. The names of patients who have not returned, and the hour unauthorized absence begins, will be entered on the Admission and Disposition Sheet.
- (b) The Admission and Disposition Branch will notify the appropriate ward of the failure to return on time of any patient, and the hour unauthorized absence is effective. The patient will be dropped from the Ward Morning Report after an absence of 24 hours.
- (2) The Admission and Disposition Branch will make necessary entries on the Admission and Disposition Sheet pertaining to patients absent without leave.

ADMISSION AND DISPOSITION SHEET: ENLISTED PATIENT AWOL

SHERMAN GENERAL HOSPITAL
BLUEFIELD, VIRGINIA

ADMISSION AND DISPOSITION SHEET

2 August 1945

CHANGE OF STATUS OUT

		Sk Lv				
Martin, Peter M	0 100 421	Maj	Inf Unasgd	30 days 0900	6A	
Taylor, James I	0 372 241	Capt	Inf Unasgd	15 days 0930	15	
		An Lv				
Roberts, George W	0 293 406	Maj	Unasgd	7 days 0900	15	
		Fur				
Francis, Wesley C	19 169 731	S/Bgt	AC Unasgd	21 days 0900	27	
Neal, Frank A	34 052 384	Cpl	MP Det 1230th	15 days 0900	27	
Gulp, Frank O	32 105 044	Pvt	Inf Unasgd	10 days 0900	27	

AWOL

Olemler, Norman R	0 111 231	Capt	Inf Unasgd	0001	6A
Roe, Richard H	33 505 333	Cpl	AC Unasgd	0900	27

ENTRY IS MADE ON ADMISSION AND DISPOSITION SHEET FOR ANY UNAUTHORIZED ABSENCE; ENTRY MADE ON DATE SUCH ABSENCE IS EFFECTIVE.

- (3) On receipt of notification of the AWOL status of an enlisted patient, the Military Personnel Branch will take necessary action in accordance with AR 615-300, to include the following:

- (a) Make appropriate entries on the Morning Report.
- (b) Make appropriate entries on the patient's service record and allied papers.
- (c) Make appropriate entries on the patient's locator card in the reference file.
- (d) Notify military and civilian agencies who may be able to assist in the apprehension of the absentee (AR 615-300).

b. When a patient returns voluntarily, or after having been apprehended by military or civilian authorities, his Patient's Pass Record will be returned to the Admission and Disposition Branch, and the following action taken:

(1) The date and hour of return will be noted on the pass record and the form forwarded to the Commanding Officer of the Detachment of Patients. Appropriate entries will be made on the Admission and Disposition Sheet for the day. In addition, the Commanding Officer of the Detachment of Patients will be notified of the patient's return by telephone.

- (2) On notification by the Admission and Disposition Branch of an absentee's return, the

PATIENT'S PASS RECORD: RETURN FROM AWOL

PATIENT'S PASS RECORD	1. LAST NAME, FIRST NAME, MIDDLE INITIAL Roe Richard H				*REQUIRED ONLY WHEN STENCIL PROCEDURE IS USED.
	2. REGISTER NO. 37 104	3. ARMY SERIAL NO. 33 505 333	4. GRADE Cpl		
	5. ORGANIZATION AND ARM OR SERVICE AC Unasgd				
	6. AGE 23	7. RACE W	8. LENGTH OF SER. 2 4/12	9. DATE OF ADMISSION 29 Apr 45	
	10. SOURCE OF ADMISSION* Trfd SH Cp Lee, Va				
<p>IT IS UNDERSTOOD THAT THIS PASS IS GOOD ONLY WITHIN A RADIUS OF 100 MILES OF THE HOSPITAL NAMED HEREON, AND ONLY DURING THE HOURS SHOWN, UNLESS OTHERWISE INDICATED BELOW. LOSS OF THIS PASS WILL BE REPORTED TO THE AUTHORIZING OFFICER WITHOUT DELAY.</p> <p>THIS PASS MUST BE TURNED IN TO THE INFORMATION OFFICE UPON RETURN.</p>					
11. SIGNATURE OF SOLDIER <i>Richard H. Roe</i>			12. SIG. AND GRADE OF AUTHORIZING OFFICER <i>John T. Jones</i> JOHN T. JONES, Major, MAC		
13. NAME AND LOCATION OF HOSPITAL Sherman GH, Bluefield, Va					
14. WEEK DAYS FROM (Hour) TO (Hour) 1630 2400			15. WEEK ENDS FROM (Day and hour) TO (Day and hour) Fri 1630 Mon 0800		
16. RECORD OF SPECIAL PASSES					
FROM (Hour and date)		TO (Hour and date)		SIGNATURE AND GRADE OF AUTHORIZING OFFICER	
0900 30 Jul 45		0900 2 Aug 45		<i>John T. Jones</i>	
Has permission to visit Philadelphia					
<i>Returned 1515 6 Aug 45 - MHW</i>					
FOLD HERE					
INSTRUCTIONS FOR SOLDIER ON PASS					
<ol style="list-style-type: none"> 1. I am subject to both military and civil laws, including local traffic and jaywalking regulations. 2. I must conduct myself at all times in such a manner as not to reflect discredit upon the Army. 3. I must wear the uniform in the prescribed manner at all times. 4. I must be moderate in the use of intoxicants when in public. 5. I understand that this pass may not be extended and that I must report to my organization on time. Failure to do so, or failure to sign a pass request before departure from the hospital will result in my being considered AWOL. 6. I will notify the officer named above by the most expeditious means possible of any emergency. 7. I realize that it is my duty to conduct myself properly and in accordance with the above instructions, and that if I do not this pass may be forfeited and further passes may be denied. 					

HOUR AND DATE OF RETURN ARE NOTED ON PASS OF PATIENT ON AWOL STATUS BY CLERK ON DUTY IN THE ADMISSION AND DISPOSITION BRANCH.

WD AGO FORM 8-227
1 Nov 1945

15 Feb 1946

Commanding Officer of the Detachment of Patients will issue instructions as to whether or not the patient will be considered a prisoner. In the absence of the Commanding Officer of the Detachment of Patients the Administrative Officer of the Day will take such action. Delay in determining the status of a returned absentee will be avoided.

- (3) On receipt of the Patient's Pass Record, the Commanding Officer of the Detachment of Patients will proceed with any disciplinary action to be taken. Notification of action taken under AW 104 will be accomplished as a memorandum to the patient, prepared in an original and two copies. The patient signs the origi-

nal to indicate his acceptance of the punishment imposed, and as a waiver of the right of court martial. One copy of the memorandum is forwarded to the Military Personnel Branch, and one copy to the Provost Marshal. Should the patient refuse to accept the punishment imposed and elect trial by court martial, charges will be preferred without delay by the Commanding Officer of the Detachment of Patients.

- (4) On receipt of the forwarded copy of the memorandum the Military Personnel Branch will take necessary action in accordance with AR 615-300, to include the following:
- (a) Make appropriate entries on the Morning Report.
 - (b) Make appropriate entries on

ADMISSION AND DISPOSITION SHEET: RETURN FROM AWOL

SHERMAN GENERAL HOSPITAL
BLUEFIELD, VIRGINIA

ADMISSION AND DISPOSITION SHEET

6 August 1945

CHANGE OF STATUS IN

Fr Sk Ly

Brown, John G	0 221 333	Maj	AC Unasgd	1515	27
Parnell, Paul L	0 1 705 386	1st Lt	DC Unasgd	1500	15

Fr Fur

Johnson, Harold W	34 036 661	Cpl	AC Unasgd	1600	21
Green, Horace E	34 661 066	Pvt	Inf Unasgd	2300	27

Fr AWOL

Hoe, Richard H	33 505 333	Cpl	AC Unasgd	1515	27
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ENTRY IS MADE ON ADMISSION AND DISPOSITION SHEET FOR ANY UNAUTHORIZED ABSENCE; ENTRY MADE ON DATE SUCH ABSENCE IS EFFECTIVE,

15 Feb 1946

TM 8-262
CHAPTER VIII

MEMORANDUM: PREPARED ON RETURN OF ABSENTEE

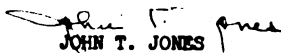
OFFICE DETACHMENT OF PATIENTS
SHERMAN GENERAL HOSPITAL
BLUEFIELD, VIRGINIA

7 August 1945

MEMORANDUM FOR: Cpl Richard H Roe, 33505333

SUBJECT: Company Punishment

Having been AWOL from 0900 2 Aug 45 to 6 Aug 45, under provisions of AW 104, you will be restricted to the limits of this post for a period of six days, effective 7 Aug 1945.



JOHN T. JONES
Major, MAC
Commanding

Information Copy to Military Personnel Branch
Provost Marshal

1st Ind

TO: Commanding Officer, Detachment of Patients, Sherman General Hospital,
Bluefield, Va.

I acknowledge receipt of notification of this punishment and waive
right of trial by court martial.


Richard H Roe
Cpl 33505333

NOTIFICATION TO PATIENT OF ACTION TO BE TAKEN AS A RESULT OF UNAUTHORIZED ABSENCE IS PREPARED BY THE COMMANDING OFFICER OF THE DETACHMENT OF PATIENTS IN THE FORM OF A MEMORANDUM IN AN ORIGINAL AND TWO COPIES. A COPY IS SENT TO THE MILITARY PERSONNEL BRANCH AND A COPY TO THE PROVOST MARSHAL. THE PATIENT REPORTS TO THE OFFICE OF THE DETACHMENT OF PATIENTS WHERE THE ORIGINAL OF THE MEMORANDUM IS READ AND EXPLAINED TO HIM. HE SIGNS THE ENDORSEMENT AS ACCEPTANCE OF THE PUNISHMENT AND AS A WAIVER OF HIS RIGHT TO TRIAL BY COURT MARTIAL. THE ORIGINAL IS THEN FILED IN THIS OFFICE AS A PAGE IN THE COMPANY PUNISHMENT BOOK. PAGES WILL BE FILED ALPHABETICALLY.

15 Feb 1946

the patient's service record and allied papers.

- (c) Notify military and civilian agencies requested to assist in apprehending the absentee of his return to military control.

c. In cases of patients who have become AWOL from a furlough status and are subsequently returned to military control, the same procedure will be followed as prescribed in b above, except that in addition there-

to, the patient's copy of the Furlough form will be forwarded by the Commanding Officer of the Detachment of Patients to the Military Personnel Branch for filing in that office.

35. OFFICER PATIENTS

The procedures provided in AR 605-300 will apply in the case of officer patients on an unauthorized absence status.

15 Feb 1946

TM 8-262
CHAPTER IX

TECHNICAL MANUAL

ADMINISTRATION OF FIXED HOSPITALS ZONE OF INTERIOR

WAR DEPARTMENT
Washington 25, D.C., 15 February 1946

Add sections 1 and 2, chapter IX.

/AG 300.7 (20 Nov 45)

BY ORDER OF THE SECRETARY OF WAR:

OFFICIAL:

EDWARD F. WITSELL
Major General
The Adjutant General

DWIGHT D. EISENHOWER
Chief of Staff

DISTRIBUTION:

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NO OVERSEAS DISTRIBUTION.

Refer to FM 21-6 for explanation of distribution formula.

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CHAPTER IX. CLINIC PROCEDURES

SECTION 1. INTRODUCTION

1. GENERAL

a. The sections comprising this chapter of the manual will establish and describe the administrative aspects of clinic procedures to be used in Army hospitals in the zone of interior.

b. The objectives of such procedures are defined as follows:

- (1) To standardize and simplify methods of clinic administration.
- (2) To prescribe a uniform method for the maintenance of necessary records.

c. In those cases where professional methods have been referred to, it will not be assumed that such

methods are advocated by the Office of The Surgeon General. They are used herein only as a supplemental means of presenting the subject matter.

d. The procedures presented in this chapter may require minor adjustment to local conditions peculiar to certain medical installations. However, major deviations will not be made without the concurrence of the service or air force commander exercising jurisdiction.

e. The development of clinic procedures by hospital installations in the zone of interior which are considered improvements over those described herein will be reported through channels to the Office of The Surgeon General.

SECTION 2. PHYSICAL THERAPY SUBSECTION

ADMINISTRATION

2. GENERAL

a. The Physical Therapy Subsection will constitute a subdivision of the orthopedic or other major section of the surgical service, as specifically authorized by The Surgeon General, in Army hospitals in the zone of interior.

b. The subsection will be operated for the primary purpose of assisting patients to obtain maximum

benefits from hospitalization by application of the following physical therapy procedures:

- (1) Thermotherapy.
- (2) Actinotherapy.
- (3) Electrotherapy.
- (4) Hydrotherapy.
- (5) Massage.
- (6) Therapeutic exercise.

c. In addition, the Physical Therapy Subsection will perform such sensory, voluntary muscle, and electrical tests, take such joint and

other measurements, and perform such other diagnostic and therapeutic procedures as may be required to determine the extent of injury, the degree of improvement of cases, and to properly treat patients.

3. ORGANIZATION OF PHYSICAL THERAPY SUBSECTION

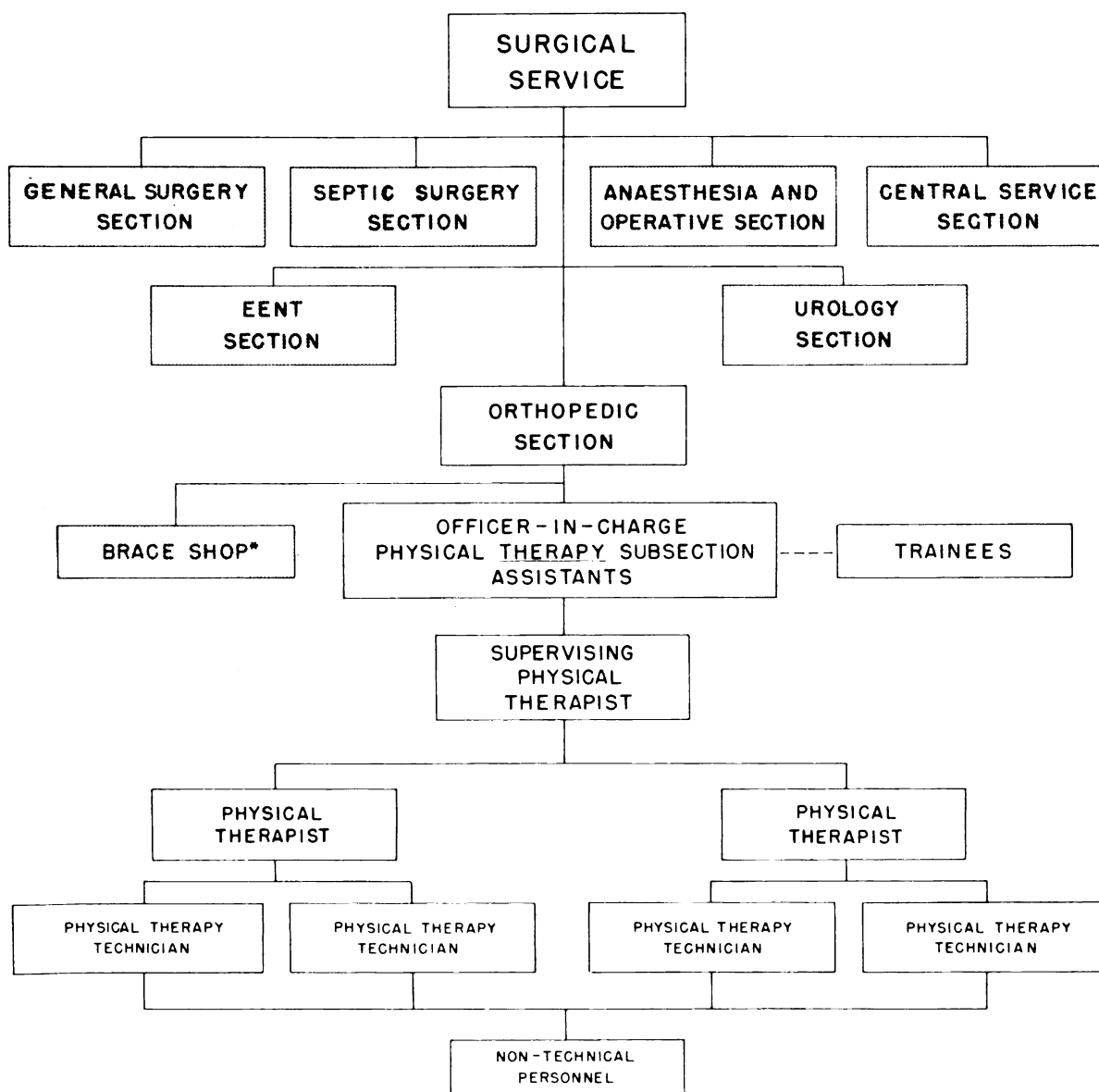
a. Paragraphs 2 and 3 of this section describe the organization of the Physical Therapy Subsection by organization chart and text. The chart shown below illustrates the standard organization of the subsection as established for Army hospitals in the zone of interior. Following the chart is a textual explanation delineating the functions of the various personnel comprising the subsection.

b. Officer-in-Charge. The senior medical officer assigned to the Physical Therapy Subsection will be designated the Officer-in-Charge. He will be assisted by such other medical and administrative commissioned officers as may be assigned to the department by the Commanding Officer of the hospital or the chief of the surgical service. His duties are defined as follows, and they may be carried out by himself or delegated to his assistants when their qualifications are such as to render this advisable.

- (1) He will examine all patients referred to the Physical Therapy Subsection for treatment prior to the initiation of such treatment. He will carefully screen such patients in order to eliminate those individuals for whom physical therapy is not indicated, or whose physical conditions will not be benefited by such therapy, and will recommend such changes in treatment as may be considered advisable.
- (2) He will review all recommendations for treatment sub-

mitted by medical officers authorized to do so, and will insure that no treatments are administered in the absence of such recommendations. He will not institute any treatment without prior concurrence of the medical officer in charge of the case when such treatment is essentially different from that which has been recommended.

- (3) He will record a brief summary of the clinical history, physical findings, and diagnosis in each case in the appropriate space on WD AGO Form 8-194 (Physical Therapy Treatment Record).
- (4) He will see each patient as frequently as is practicable, but in no instance less than once every 2 weeks. Notations as to progress being made, and all changes in therapeutic procedure, will be recorded on WD AGO Form 8-83 (Record of Physical Therapy) under his direction.
- (5) He will maintain close liaison with medical officers responsible for patients referred for physical therapy, in order that:
 - (a) Proper treatment may be furnished at all times.
 - (b) The efficacy of the therapeutic procedures being carried out may be determined for each patient.
 - (c) Information concerning the clinical condition of each patient will be current at all times. Such liaison will be maintained by frequent ward rounds, conferences with medical officers referring patients for treatment, and by attendance at and participation in professional staff conferences.
- (6) He is responsible for all phases of physical therapy care as it relates to the

STANDARD FUNCTIONAL ORGANIZATION OF
PHYSICAL THERAPY SUBSECTION

*NOT PRESENT AT STATION MEDICAL SERVICES

NOTE 1: This chart is intended to show the functional organization of the Physical Therapy Subsection without reference to personnel requirements at individual hospitals.

NOTE 2: When, in the opinion of the Hospital Commander, the establishment of the Physical Therapy Subsection as a unit of the Orthopedic Section would be clearly prejudicial to the most efficient care of patients, application will be made through channels to The Surgeon General for authority to vary the standard organization.

patient. However, responsibility for the direction and supervision of individual therapy procedures may be delegated to the senior physical therapist.

- (7) He is responsible for the ready availability of current information pertaining to procedures and technics employed, and for the dissemination of such information to his subordinates and other interested personnel.
- (8) He will hold himself available for consultation and discussion with his subordinates on all matters relating to the physical therapy management of patients, as well as other professional and administrative problems affecting the subsection. He further will be available for consultation and discussion with other medical officers on professional matters within the scope of his specialized knowledge.
- (9) He is responsible for the instruction of trainee personnel assigned to the subsection.
- (10) He is responsible for all equipment issued for use in his department, and will take necessary action to insure that it is in proper working condition at all times. He is further responsible for the requisitioning of additional equipment to replace worn and obsolete items, or to supplement existing equipment as technical progress and necessity demand.
- (11) He is responsible for the working conditions of personnel under his supervision, and will take necessary action to eliminate unfavorable lighting conditions, defective electric wiring and fixtures, or any other circum-

stance which may prove prejudicial to the health and safety of patients and personnel.

- (12) He will maintain close liaison with the Director of the Personnel Division to insure that sufficient personnel is made available to assist him in the efficient discharge of his duties.

c. Supervising Physical Therapist. The supervising physical therapist will be the senior physical therapist on the staff of the officer-in-charge unless otherwise indicated by the Commanding Officer. Her duties are as follows:

- (1) She will assist the officer-in-charge in the discharge of his professional and administrative duties.
- (2) She is responsible for the professional and administrative supervision of the physical therapists.
- (3) She will make assignments of physical therapists under the direction of the officer-in-charge, including their participation in instructional programs for trainees, ward programs, and such other special programs as may be established from time to time.
- (4) She is responsible for the general internal management of the subsection, including:
 - (a) Scheduling of patients for treatment.
 - (b) Preparation of necessary records and reports as directed by the officer-in-charge.
 - (c) Requisitioning of supplies.
 - (d) Maintenance of order and cleanliness in the subsection.
- (5) When the officer-in-charge is prevented from being in constant attendance by reason of other duties, she will keep him fully advised on all professional and such other matters that will tend to effect

the efficient administration of treatment and result in a high standard of physical therapy care.

- (6) She will participate in ward rounds and clinical conferences whenever practicable.

d. Physical Therapists. An adequate number of trained commissioned physical therapists, as determined by Table of Organization policies, will be maintained as assistants to the supervising physical therapist. Their general duties are as follows:

- (1) They will perform professional and administrative duties as directed.
- (2) They will participate in instructional programs, and such other programs as may be directed from time to time.
- (3) They will participate in ward rounds and clinical conferences whenever practicable.

e. Physical Therapy Technicians. A sufficient number of enlisted technicians, as may be prescribed in current directives, will be maintained. Their general duties will be as follows:

- (1) They will perform selected physical therapy procedures under the direct supervision of a physical therapist.
- (2) They will assist in the maintenance of order and cleanliness in all buildings of the subsection.
- (3) They will perform such other duties as may be assigned to them.

f. Nontechnical Personnel. Nontechnical personnel will comprise other personnel on duty in the Physical Therapy Subsection. Their duties will consist of maintaining order and cleanliness in the department, and such other nonprofessional duties that may be assigned to them. In addition, a clerical staff commensurate with the work load carried by the subsection will be assigned. They will perform such clerical duties as may be assigned to them, including scheduling of patients, preparation of progress notes, consultations, and maintenance of records pertinent to the Physical Therapy Subsection.

PROCEDURES

4. REFERRAL OF PATIENTS

a. Patients ordinarily will not be directed to report for examination or treatment prior to the submission of one copy of the Record of Physical Therapy, prepared as indicated below. This form will be attached to the clinical record, and will be accompanied by any available X-rays.

b. On receipt of the Record of Physical Therapy and associated records in the Physical Therapy Subsection, the patient will be notified, through the ward nurse, of the date and hour at which he will report for treatment. Such notification will be given as soon after the records are received as practicable, in

order that their return to the ward will not be delayed.

c. Following examination and initial treatment, and entry of appropriate remarks on the Record of Physical Therapy, the records will be returned to the ward accompanied by an Appointment Slip. The latter will indicate the date and hour at which the patient will return for further treatment.

d. If the clinical records and X-rays are required at the time of any subsequent treatment, this fact, if known in advance, will be indicated on the Appointment Slip, and the records will be forwarded to the clinic by the ward nurse in time to be available when the patient arrives.

15 Feb 1946

RECORD OF PHYSICAL THERAPY: INITIAL PREPARATION BY WARD OFFICER

RECORD OF PHYSICAL THERAPY					
LAST NAME, FIRST NAME, MIDDLE INITIAL				HOSPITAL	
Morris, John J.				Sheridan General Hospital	
REGISTER NUMBER	GRADE	AGE	WARD	TREATMENT TO BE GIVEN	
334812	Pvt	24	19	IN CLINIC <input checked="" type="checkbox"/>	ON WARD <input checked="" type="checkbox"/>
DIAGNOSIS OF CONDITION FOR WHICH TREATMENT REQUESTED					
1. Wound, perforating, chest, lt. 2. Foreign body retained lt lung. 3. Hemothorax, left sec to l.					
TREATMENT RECOMMENDED: PURPOSE AND PRECAUTIONS					
Radiant heat - lt shoulder. Breathing and postural exercise.					
DATE					
1 November 1945		William L. Smith, 1st Lt. M.C.			
TREATMENT GIVEN					
TYPE OF TREATMENT	DIRECTIONS	DATE BEGUN	DATE COMPLETED	TOTAL GIVEN	
DIATHERMY					
ELECTRICAL STIMULATION					
GALVANISM					
HYDROTHERAPY					
MASSAGE					
RADIANT HEAT					
ULTRA - VIOLET					
EXERCISE					

WD AGO FORM 8-83
1 May 1945

Replaces WD AGO Form 8-83, 5 Jul 44, and WD WD Form 55N, 31 May 39, which may be used.

They will be returned to the ward immediately after the treatment. When not requested on the Appointment Slip, the Record of Physical Therapy will not accompany the patient to the clinic on each visit, but will be sent only when requested by the officer-in-charge of the clinic in order that progress notes or changes in treatment may be recorded. Such notes will be entered at weekly intervals, or more often, as determined locally. They will be entered at sufficiently frequent intervals to insure that complete, current information is available to the ward officer in charge of the case.

e. The Appointment Slip will be delivered to the nurse in charge of the ward to which the patient is assigned, and it is her responsibility to notify him of the appointment and insure that necessary records are forwarded to the clinic when requested. Any circumstance which prevents the patient from reporting for treatment at the appointed time will be reported to the clinic by telephone as soon as possible.

f. The clinical record of any patient receiving physical therapy treatment will be so indicated by the ward nurse attaching a card or other suitable signal to WD AGO Form 8-33 (Clinical Record Brief) (or WD MD Form 55A). When a card is used it will bear the notation "Physical Therapy." In this connection, when a patient who has been receiving such treatment is scheduled for discharge from the hospital, he will be reported to the clinic by telephone in order that his Record of Physical Therapy may be completed and forwarded for inclusion in the clinical record prior to departure from the hospital.

5. RECORDS AND REPORTS

a. The official records of treatment of all patients will be maintained on the Record of Physical Therapy, which will become a part of

the patient's clinical records. Duplicate copies of this form will not be maintained routinely. The following examples illustrate the method of accomplishing the Record of Physical Therapy.

(See Example A, Completed Case, and Example B, Completed Case: WD AGO Form 8-51 Used for Additional Progress Notes.)

b. The Physical Therapy Treatment Record will be maintained for each patient receiving current treatment, and for each patient who has previously attended the clinic. The record will be accomplished and maintained as described below.

- (1) A Physical Therapy Treatment Record will be initiated for each patient at the time of his first visit to the clinic. The information entered thereon will be brief, but sufficient to provide necessary data for the physical therapist giving the treatment. The first five spaces of the card (name, date, ward, diagnosis, treatment) will be filled in on the patient's initial visit, and will be the same as identical information appearing on the Record of Physical Therapy.
- (2) The remaining spaces of the card will be filled in by the physical therapist administering treatment as such treatment progresses during the period of hospitalization. The following will apply in making entries in this part of the card:
 - (a) In the "Month" column will be entered the month during which treatment is given. A separate line will be used for each physical therapy procedure administered during the month.
 - (b) The numbered columns, indicating days of the month, will be checked in the appropriate space opposite the

EXAMPLE A - COMPLETED CASE

RECORD OF PHYSICAL THERAPY					
LAST NAME, FIRST NAME, MIDDLE INITIAL			HOSPITAL		
Saith,	Edgar W.		Shoridan General Hospital		
REGISTER NUMBER	GRADE	AGE	WARD	TREATMENT TO BE GIVEN IN CLINIC	ON BAND
334795	S/Sgt.	28	31	X	
DIAGNOSIS OF CONDITION FOR WHICH TREATMENT REQUESTED Fracture, compound, comminuted, lower third rt femur secondary to shell fragment wound 15 Dec 44, with residual limitation of motion rt knee and marked muscular atrophy.					
TREATMENT RECOMMENDED: PURPOSE AND PRECAUTIONS Hydrotherapy and exercise rt knee. Special interest increasing range of motion rt knee and increasing muscle strength. Femoral artery hit at time of above injury but repaired satisfactorily with no apparent vascular insufficiency.					
DATE 30 October 1945		James T. Jones, Capt. M.C.			
TREATMENT GIVEN					
TYPE OF TREATMENT	DIRECTIONS	DATE BEGUN	DATE COMPLETED	TOTAL GIVEN	WAS
DIATHERMY					
ELECTRICAL STIMULATION					
GALVANISM					
HYDROTHERAPY	Whirlpool rt lower extremity	11-1	12-15	14	
MASSAGE					
RADIANT HEAT					
ULTRA - VIOLET					
EXERCISE	Resistive, quadriceps and hamstring, rt	11-1	12-15	14	

[illegible]

EXAMPLE B - COMPLETED CASE: WD AGO FORM 8-51
USED FOR ADDITIONAL PROGRESS NOTES

WD AGO FORM 8-51 (Old WD MD Form 8-51, 31 May 1945, which may be used until existing stocks are exhausted.)					
PROGRESS NOTES					
Name <u>Morris, John J.</u>		Grade <u>Pvt</u>		Ward <u>19</u>	
(Completions and changes in diagnosis with date in each case should be entered on this sheet)					
SPECIAL TESTS AND MEASUREMENTS					
LOCATION	SPECIFICATION	DATES			
		11-1-45	11-15-45	12-1-45	12-15-45
Lt Shoulder	Flexion	50	100	140	170
Rt Shoulder	Flexion	180			
Lt Shoulder	Extension	20	30	40	45
Rt Shoulder	Extension	45			
Lt Shoulder	Abduction	45	90	130	165
Rt Shoulder	Abduction	180			
Lt Shoulder	External rotat.	45	65	75	90
Rt Shoulder	External rotat.	90			
Lt Shoulder	Internal rotat.	30	45	60	80
Rt Shoulder	Internal rotat.	90			
PROGRESS NOTES					
History: 24 year old Pvt wounded lt chest 7 Jul 45. Hemothorax lt side. Thoracentesis performed but no fluid obtained. No further treatment until in					

RECORD OF PHYSICAL THERAPY																																
LAST NAME, FIRST NAME, MIDDLE INITIAL <u>Morris, John J</u>				HOSPITAL <u>Sheridan General Hospital</u>																												
REGISTER NUMBER <u>334812</u>	GRADE <u>Pvt</u>	AGE <u>24</u>	WARD <u>19</u>	TREATMENT TO BE GIVEN IN CLINIC <u>X</u> ON WARD <u>X</u>																												
DIAGNOSIS OF CONDITION FOR WHICH TREATMENT REQUESTED 1. Wound, perforating, chest, lt. 2. Foreign body retained lt lung. 3. Hemothorax, left sec to 1.																																
TREATMENT RECOMMENDED: PURPOSE AND PRECAUTION Radiant heat - lt shoulder. Breathing and postural exercise.				DATE <u>1 Nov 45</u>																												
DATE <u>1 November 1945</u>				WARD <u>19</u>																												
TREATMENT Radiant heat - lt shoulder. Exercise - Breathing and postural routine. Exercise lt deltoid and pectoral group. Stretching exercise lt lateral chest (daily therapeutic exercise on ward and in Physical Therapy Clinic).																																
TREATMENT		MONTH																														
TYPE OF TREATMENT	DIRECT	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
DIATHERMY																																
ELECTRICAL STIMULATION																																
GALVANISM																																
HYDROTHERAPY																																
MASSAGE																																
RADIANT HEAT	<u>Lt shoulder</u>																															
ULTRA - VIOLET																																
EXERCISE	<u>Breathing and postural routine. Exercise lt deltoid and pectoral group. Stretching exercise lt lateral chest (daily therapeutic exercise on ward and in Physical Therapy Clinic).</u>																															

WD AGO FORM 8-83 (1 May 1945)			
REPLACES WD AGO FORM 8-83, 3 Jul 44, and WD AGO FORM 594, 31 May 39, which may be used.			

- (3) The record cards of patients receiving treatment during the current month will be maintained in a current file. Appropriate entries will be made thereon after each treatment as described in (2) above.
- (4) At the close of each calendar month the cards will be re-

viewed and information required for the monthly Report of Activities, described in c below, extracted. Following preparation of the Report of Activities, the cards of those patients remaining under treatment will be replaced in the current file. The cards of those patients whose treatment has been terminated will be filed alphabetically in an inactive file for a period of three months, after which they will be destroyed. The cards of those cases which are of special interest may be maintained for longer periods.

PHYSICAL THERAPY TREATMENT RECORD: NAME, DATE, WARD, DIAGNOSIS, AND TREATMENT ENTERED AT PHYSICAL THERAPY CLINIC FROM INFORMATION CONTAINED ON RECORD OF PHYSICAL THERAPY

[illegible]

[illegible]

(2) Space 2, Total number of patients treated during the month. This figure will

Original from

MONTHLY REPORT OF ACTIVITIES

SHERIDAN GENERAL HOSPITAL
LAUREL, VIRGINIA

PHYSICAL THERAPY SUBSECTION

1 November 1945

SUBJECT: Report of Activities for Month of October 1945

TO: Chief, Surgical Service, Sheridan General Hospital

1. The following information is submitted in accordance with the provisions of par. 5c, Chapter IX, TM 8-262:

1. Number of patients receiving treatment on last day of previous month		608
2. Total number of patients treated during month		1730
3. Number remaining in hospital on last day of previous month, plus total admitted during current month		4785
4. Percent of available patients who attended Physical Therapy Subsection ($2 \div 3$)		36
5. Total number of treatments given		17324
a. Number of treatments given on wards	3542	XXXX
6. Number of patients receiving treatment on last day of month		448
7. Procedures employed, and number of each		
Electrotherapy	2037	
Thermotherapy	2192	
Hydrotherapy	3350	
Massage	2871	
Therapeutic Exercise	6874	
8. Personnel assigned to duty on last day of month 22		
Commissioned	Enlisted	Other
16	4	2
Typed name and grade		Signed name and grade
John R. Harris, Capt., MC		<i>John R. Harris, Capt. MC</i>

(Use reverse side for remarks)

- (4) Space 4, Percent of available patients who attended Physical Therapy Subsection. Obtained by dividing the figure in space 2 by the figure in space 3.
- (5) Space 5, Total number of treatments given. Obtained by counting the number of treatments (both those checked and those designated by "W") as shown in the numbered columns of the Physical Therapy Treatment Records for the current month.
 - a. Number of treatments given on wards. Obtained by counting the number of treatments designated by "W" as shown in the numbered columns of the Physical Therapy Treatment Records for the current month.
- (6) Space 6, Number of patients receiving treatment on last day of month. This figure will be obtained by counting the cards of patients remaining under treatment after the cards have been separated as described in paragraph 5b(4).
- (7) Space 7, Procedures employed,

and number of each. The various procedures utilized in the clinic during the month will be listed; the number of treatments given in each category (both in the clinic and on the wards) will be obtained by counting the number of treatments (both those checked and those designated by "W") shown opposite each procedure for the current month on the Physical Therapy Treatment Records.

- (8) Space 8, Personnel assigned to duty on last day of month. Enter in the respective spaces the number of commissioned and enlisted personnel on duty in the subsection on the last day of the calendar month. In the space "Other," enter the number of civilian non-technical and clerical personnel for the like period.
- (9) The typed name and grade, and signature of the officer-in-charge of the subsection will appear in the last space of the form.

✓
1 MAR 46

TM 8-262
CHAPTER X

TECHNICAL MANUAL

ADMINISTRATION OF FIXED HOSPITALS
ZONE OF INTERIOR

US WAR DEPARTMENT
Washington 25, D. C., 1 March 1946

Add section 1, chapter X, Supply Procedure.

[AG 300.7 (18 Jan 46)]

BY ORDER OF THE SECRETARY OF WAR:

OFFICIAL:

EDWARD F. WITSELL
Major General
The Adjutant General

DWIGHT D. EISENHOWER
Chief of Staff

DISTRIBUTION:

AAF (2); AGF (2); ASF (2); S Div ASF (1); SvC (Surg)
(2); Dep 8 (2); Army Med Purchasing O (2); Med Dept
Repl Pools (5); T/O & E 8-650 (1).

NO OVERSEAS DISTRIBUTION.

Refer to FM 21-6 for explanation of distribution formula.

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CHAPTER X. SUPPLY PROCEDURE

Section 1. Supply Administration

ORGANIZATION OF THE SUPPLY DIVISION

1. GENERAL

a. The purpose of this section is to establish, by organization and flow charts, and text, a standard medical supply procedure for use within hospitals. It is not intended to replace existing directives on station supply, but rather to supplement them by making available to officers in charge of wards, clinics, and departments such information as will assist them in requisitioning and maintaining stocks of supplies required for daily use.

b. A standard organization and procedure intended to reduce the problems of supply within a hospital to a minimum are presented. The implementation of the basic principles outlined herein is the responsibility of the Commanding Officer of the hospital concerned who will take such steps as may be necessary to accomplish the mission of the hospital in each case.

c. The success of the medical supply program will depend in large part upon the recognition of its importance and upon the assignment of personnel to duties permitting the maximum utilization of their skills. In this connection, the assignment of a qualified Medical Department officer, preferably with experience in medical supply, as Medical Supply Officer or Director, Supply Division, as the case may be, is recommended. In addition, all personnel assigned to supply duties must be thoroughly

oriented in all phases of the activities carried out, while officers in charge of wards, clinics, and departments throughout the hospital should be sufficiently aware of the procedures and problems of the supply service in order that their understanding and cooperation may result in smoother and more satisfactory operation.

2. FUNCTIONS OF THE SUPPLY DIVISION AT NAMED GENERAL HOSPITALS, CONVALESCENT HOSPITALS, AND HOSPITAL CENTERS

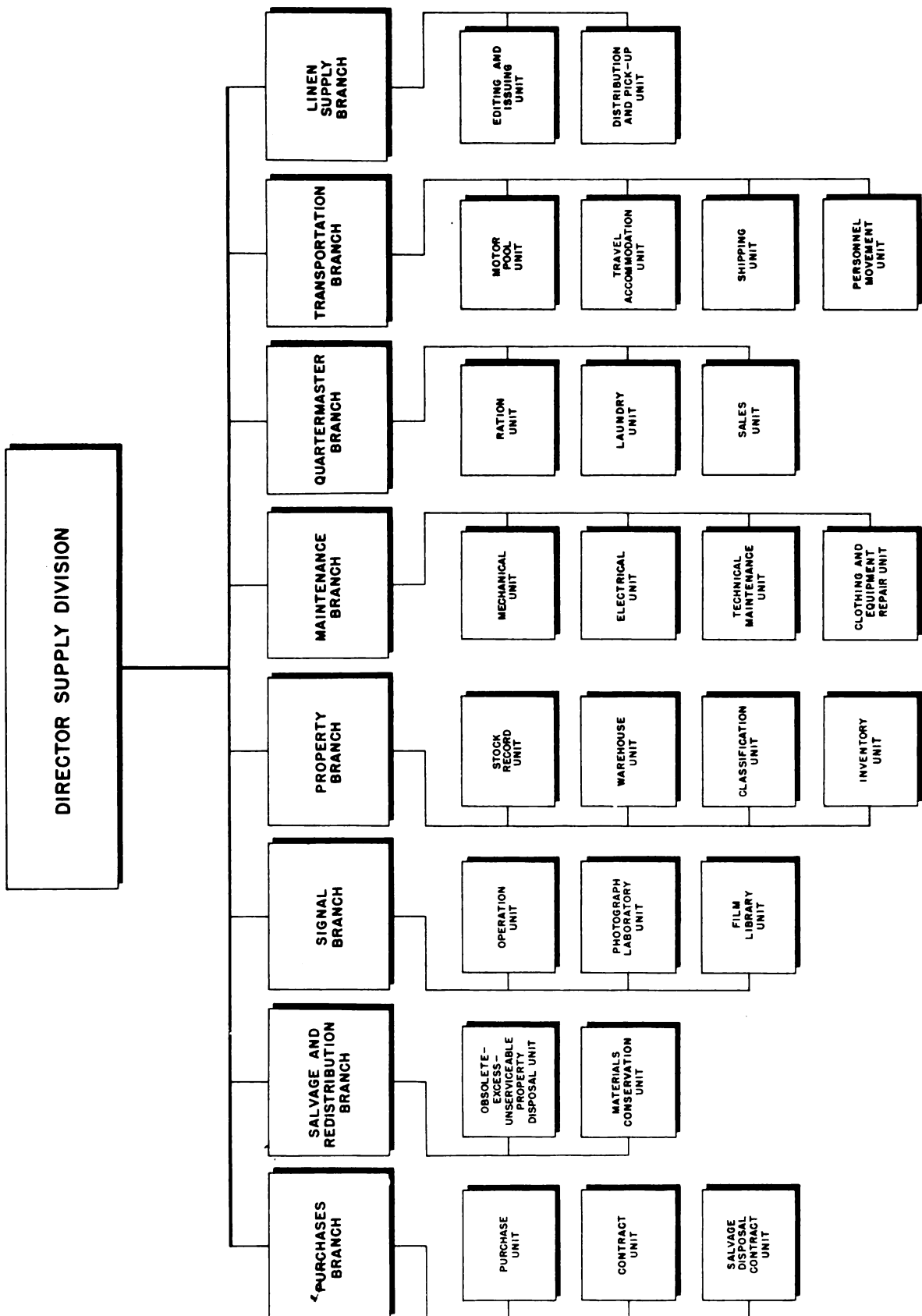
The chart represents a grouping of related functions which has resulted in efficient operation with a minimum of personnel. Whenever possible, the duties outlined will be further combined so that full utilization of personnel may be accomplished with the least possible delay in the handling of supplies and documents. The various branches and units are discussed in further detail in the paragraphs below.

3. DIRECTOR

a. Directs and coordinates the activities of the division and advises the Commanding Officer on all supply matters, except those under the jurisdiction of the Engineer.

b. Supervises stock control, storage, and materials-handling activities; recommends stock levels.

ORGANIZATION CHART OF SUPPLY DIVISION



c. Supervises the disposition of unserviceable, surplus, and excess stocks.

d. Assigns and controls utilization of all warehouse, shed, and open storage space.

e. Operates labor and materials-handling equipment pools and determines priority for use.

f. Instructs and supervises inventory teams.

g. Coordinates supply activities in accordance with "Preparation for Oversea Movements."

h. Is responsible for all technical service activities, except those of the Engineer.

i. Operates all maintenance shops, except Engineer shops, and insures efficient utilization of all shops and shop equipment.

j. Is responsible for the proper distribution, use, care, and safeguarding of all property issued by this division for the command.

4. PURCHASES BRANCH

a. Purchase Unit.

- (1) Operates central purchasing and contracting service for local procurement of all supplies for which Government funds are appropriated.
- (2) Makes purchases from nonappropriated funds when requested.
- (3) Assigns priority ratings for procurement activities.

b. Contract Unit.

Prepares and negotiates all contracts for the command and for units attached for supply.

c. Salvage Disposal Contract Unit.

Prepares salvage contracts and invitations for bids from data furnished by the Salvage and Redistribution Branch; reviews executed salvage contracts and bids for legal sufficiency.

5. SALVAGE AND REDISTRIBUTION BRANCH

a. Obsolete - Excess - Unserviceable Property Disposal Unit.

- (1) Directs all salvage operations; supervises the redistribution of certain types of excess, obsolete, and unauthorized supplies and equipment.
 - (2) Disposes of unserviceable supplies and equipment as scrap.
 - (3) Evaluates useful and convertible items in salvage to determine utilization, salability, or disposition as scrap.
 - (4) Segregates and classifies salvage for sale or shipment.
 - (5) Provides Purchases Branch with specifications and conditions to be included in contracts or invitations for bids.
 - (6) Awards and completes salvage contracts; submits completed contracts to Purchases Branch for review.
 - (7) Maintains current information on salvage marketing conditions.
- b. Materials Conservation Unit.
- Develops and promotes the command conservation programs, except food programs.

6. SIGNAL BRANCH

a. Operations Unit.

- (1) Advises director on Signal supply matters, and performs all Signal activities.
- (2) Operates and maintains all fixed signal communications facilities.
- (3) Operates Program Distribution System.
- (4) Encodes, decodes, and safeguards all cryptographic material.

- b. Photograph Laboratory Unit.
Operates all photograph laboratories, except those specifically operated by X-ray and Laboratory Services. Processes all film except X-ray and color film; stores and issues all supplies, including printing and developing.
- c. Film Library Unit.
Operates film library.

7. PROPERTY BRANCH

- a. Stock Record Unit.
 - (1) Establishes control levels for supplies included in the consolidated property account.
 - (2) Maintains liaison with technical services officers for advice and assistance.
 - (3) Maintains consolidated property accounts and accountability for all supplies.
 - (4) Edits, registers, and posts requisitions and property vouchers; prepares consolidated requisitions for submission to appropriate depots.
 - (5) Maintains Memorandum Receipt Accounts.
 - (6) Maintains schedule of inventory dates.
 - (7) Maintains unserviceable property records.
- b. Warehouse Unit.
 - (1) Receives, stores, issues, inventories, packs, and ships supplies.
 - (2) Operates warehouses.
 - (3) Accomplishes in-bound shipping documents; submits notification of discrepancies incident to shipment for preparation of Reports of Survey in accordance with TM 14-904.
- c. Classification Unit.
Segregates property for classification by designated technical services officers.
- d. Inventory Unit.
 - (1) Inventories all items in accordance with existing direc-

tives, including property in use in wards, clinics, and departments.

- (2) Inventories all items when stock record balance is reduced to zero.

8. MAINTENANCE BRANCH

- a. Mechanical Unit.
 - (1) Accomplishes repairs or servicing of a mechanical nature.
 - (2) Sets up necessary maintenance and service schedules, inspects equipment, and performs necessary repairs.
 - (3) Reports to the director of the division repairs and services requiring skills and facilities beyond those available in this unit.
 - (4) Makes use of local repair facilities or higher echelon repair shops.
- b. Electrical Unit.
 - (1) Repairs and services all property of an electrical nature.
 - (2) Accomplishes frequent inspections and servicing of all electric motor-driven equipment.
- c. Technical Maintenance Unit.
 - (1) Is responsible for the regular inspection and maintenance of all technical equipment, that is, heat therapy lamps, X-ray machines, diathermy apparatus, etc.
 - (2) Serves in an advisory capacity to the Mechanical and Electrical Units.
- d. Clothing and Equipment Repair Unit.
Repairs or alters all clothing, equipage, and linen items.

9. QUARTERMASTER BRANCH

- a. Ration Unit.
Computes and prepares ration returns; requisitions, stores, and issues all subsistence

items; draws rations in bulk and delivers them as directed by Dietetics Division.

b. Laundry Unit.

Operates laundry and dry cleaning facilities or arranges for laundry and dry cleaning service.

c. Sales Unit.

- (1) Operates the sales commissary for subsistence, clothing, and equipment.
- (2) Maintains records of sales and operating costs; collects receipts from sales and deposits them with the Finance Officer.

10. TRANSPORTATION BRANCH

a. Motor Pool Unit.

- (1) Operates motor pool, controls and dispatches all vehicles, except Engineer and Signal special-purpose vehicles.
- (2) Arranges for adequate commercial transportation.

b. Travel Accommodations Unit.

Issues transportation requests, meal tickets; prepares itineraries; obtains accommodations for official travel.

c. Shipping Unit.

- (1) Arranges for outgoing freight shipments, prepares and checks bills of lading, and institutes tracers for lost shipments; accomplishes in-bound bills of lading.
- (2) Arranges for packing, crating, and shipment of household goods of military personnel and other authorized personnel.

d. Personnel Movement Unit.

Coordinates the entraining and detraining of personnel and

the loading and unloading of military impedimenta.

11. LINEN SUPPLY BRANCH

a. Editing and Issuing Unit.

- (1) Issues maximum quotas of linen items for each type of ward.
- (2) Edits linen requisitions against allowance list established for each ward.
- (3) Determines standard package and insures that linen requisitions and issues are based on same, quantities required and issued being expressed in standard package or multiples thereof.
- (4) Maintains stocks of clean linen.

b. Distribution and Pick-Up Unit.

Distributes clean linen received from Editing and Issuing Unit to wards, clinics, or departments and picks up all soiled linen in accordance with established schedules.

12. FUNCTIONS OF THE MEDICAL SUPPLY OFFICER IN REGIONAL AND STATION MEDICAL SERVICES

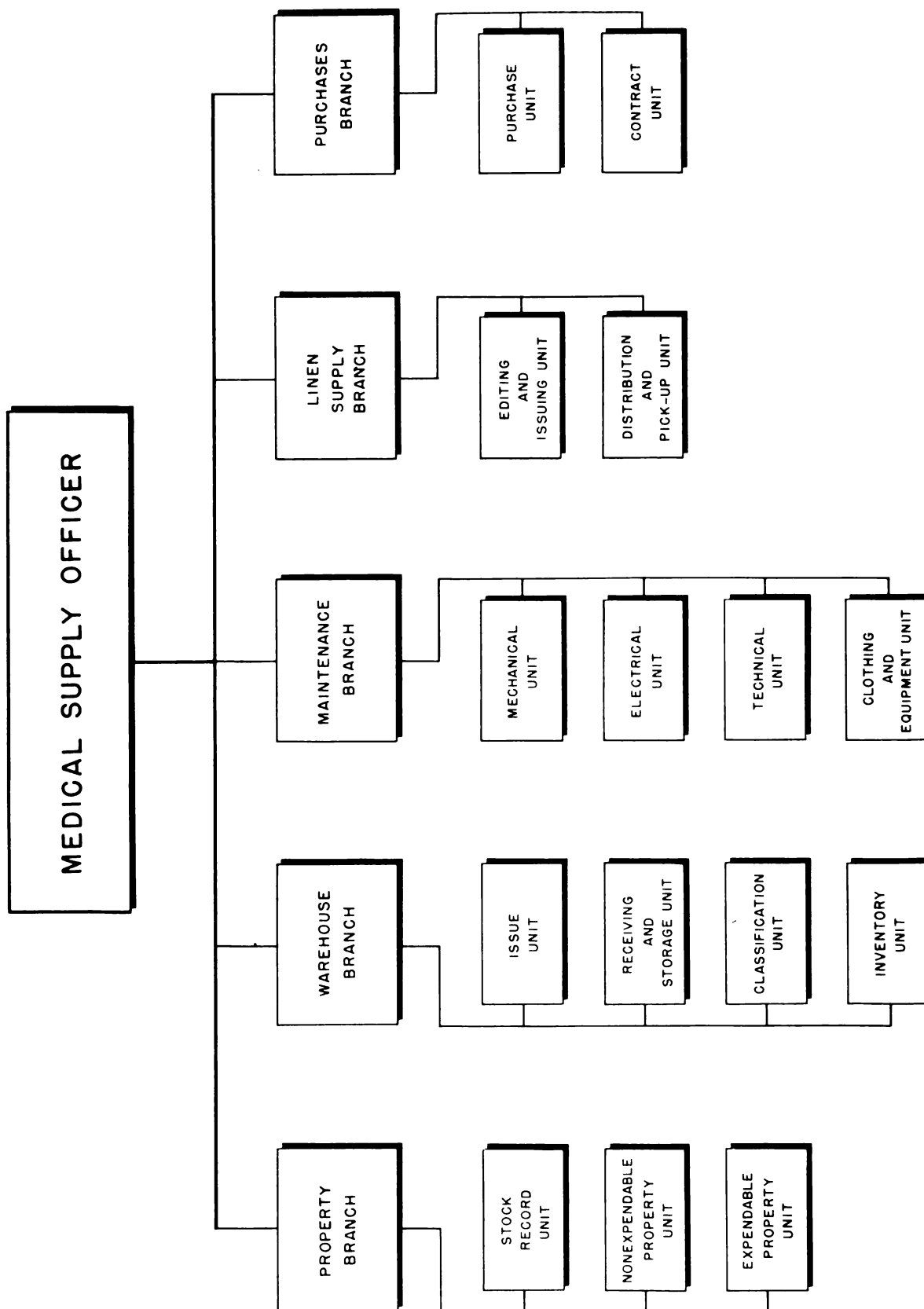
The chart illustrates the related functions of the Medical Supply Officer in regional and station hospitals. The several branches and units are discussed in detail below.

13. MEDICAL SUPPLY OFFICER

a. Advises the Commanding Officer on all supply matters.

b. Maintains liaison with, and is technical advisor on supply matters to, the Supply Division of the post in order to insure compliance with policies and directives of higher authority.

ORGANIZATION OF THE OFFICE OF MEDICAL SUPPLY OFFICER



14. PROPERTY BRANCH

- a. Stock Record Unit.
 - (1) Makes necessary stock level revisions and submits requisitions in accordance with depot schedules to maintain stocks accordingly.
 - (2) Accomplishes all postings to stock record cards, except issues and turn-ins of Memorandum Receipt property.
 - (3) Posts annotated copies of requisitions, back order, and extract notices.
 - (4) Originates and forwards to appropriate depot revisions of stock levels and excess property reports.
 - (5) Posts counting slips received from Inventory Unit; accomplishes and posts Inventory Adjustment Vouchers.
 - (6) Cooperates with other units in the maintenance of voucher register and files.
- b. Nonexpendable Property Unit.
 - (1) Processes and maintains all records pertaining to property charged out on Memorandum Receipt.
 - (2) Edits all issue slips for Memorandum Receipt property for item number, nomenclature, and availability; accomplishes preposting and forwards to Storage and Issue Unit for action.
 - (3) Converts issue slip or extracted portion of same to Due-Out Notice when an out-of-stock condition prevents issue, and forwards copies to requesting agent and Stock Record Unit; posts as due-out to Due-Out and Due-In section of stock record card. Notifies ward, clinic, or department upon receipt. Processes Due-Out after receipt of stock.
 - (4) Processes Turn-In Slips after

circumstances indicated in "Remarks" section have been confirmed or modified by Classification Unit.

- (5) Originates consolidated Memorandum Receipts for inventory by and for the signature of the responsible individual at suitable intervals.
- (6) Maintains Unserviceable Property Account.
- c. Expendable Property Unit.
 - (1) Edits all expendable property issue slips for item number, nomenclature, and availability. Forwards to Storage and Issue Unit after preposting.
 - (2) Accomplishes Due-Outs for wards, clinics, and departments when items not ordinarily stocked are requested; notifies requesting agents of receipt of due-out items.

15. PURCHASES BRANCH

- a. Purchase Unit.
 - (1) Accomplishes all local purchasing from appropriated funds.
 - (2) Insures that quantity figures, unit prices, and extensions appearing on purchase orders and receiving reports are accurate and in accordance with existing authorizations.
 - (3) Maintains necessary liaison with Stock Record Unit to insure establishment of due-ins and cancelation of same, as well as vouchering and pick-up on stock record account of property purchased.
 - (4) Maintains bookkeeping records to insure against erroneous expenditures, or expenditures in excess of authorizations.
- b. Contract Unit.
 - Negotiates and places contracts in accordance with existing regulations.

CHAPTER X

16. WAREHOUSE BRANCH

a. Issue Unit.

- (1) Prepares, checks, and delivers orders to wards, clinics, and departments.

- (2) Operates warehouses.

b. Receiving and Storage Unit.

- (1) Processes all incoming or outgoing property.

- (2) Notifies Transportation Branch of discrepancies discovered in shipments, where carrier is believed responsible.

- (3) Makes necessary stock discrepancy adjustments immediately upon discovery, notifying accountable officer of those considered excessive.

c. Classification Unit.

Classifies and disposes of all property turned in, including return to stock of property in serviceable condition, repair and return to stock, reclamation of component parts and salvage of balance, or shipment to salvage intact, according to circumstances.

d. Inventory Unit.

- (1) Inventories all items in accordance with current directives, including property in use in wards, clinics, and departments.

- (2) Inventories all items when stock record balance is reduced to zero.

17. MAINTENANCE BRANCH

a. Mechanical Unit.

- (1) Accomplishes repairs or servicing of a mechanical nature.

- (2) Maintains necessary maintenance and service schedules, inspects equipment, and performs necessary repairs.

- (3) Reports to the Medical Supply Officer repairs and services requiring skills and facilities beyond those available

in this unit.

- (4) Makes use of local repair facilities or higher echelon repair shops.

b. Electrical Unit.

- (1) Repairs and services all property of an electrical nature.

- (2) Accomplishes frequent inspections of and services all electric motor-driven equipment.

c. Technical Unit.

- (1) Is responsible for the regular inspection and maintenance of all technical equipment, that is, heat therapy lamps, X-ray machines, diathermy apparatus, etc.

- (2) Serves in an advisory capacity to the Mechanical and Electrical Units.

d. Clothing and Equipment Unit.

Repairs or alters all clothing, equipage, and linen items.

18. LINEN SUPPLY BRANCH

a. Editing and Issuing Unit.

- (1) Issues maximum quotas of linen items for each type of ward.

- (2) Edits linen requisitions against allowance list established for each ward.

- (3) Determines standard package and insures that linen requisitions and issues are based on same, quantities required and issued being expressed in standard package or multiples thereof.

- (4) Maintains stocks of clean linen.

b. Distribution and Pick-Up Unit.

Distributes clean linen received from Editing and Issuing Unit to wards, clinics, or departments and picks up all soiled linen in accordance with established schedules.

WARD SUPPLY PROCEDURE

19. PROCEDURE FOR REQUISITIONING SUPPLIES FOR WARDS

a. Whenever practicable, wards, clinics, and departments will be grouped, for supply purposes only, in units which ordinarily will consist of not less than three nor more than five components. This will permit the establishment of stock rooms and will result in economies in personnel and property. Such grouping of components should correspond to those under the jurisdiction of administrative personnel when this system is in effect. The stock on hand in such supply rooms will consist only of that awaiting distribution to the various component parts of the unit for immediate use, plus a minimum reserve for emergency use. The Director, Supply Division, or the Medical Supply Officer, as the case may be, and the officer in charge of the unit will periodically check all stock in the unit supply rooms and in each ward, clinic, or department, to insure that an excess of stock is not maintained.

b. Individual wards, clinics, and departments will submit property issue slips to the unit office where they will be edited against an authorized allowance table and consolidated on a master copy. The authorized allowance table will be established following a survey of the requirements of each ward, clinic, or department as determined by the officer in charge

jointly with representatives of the Supply Division. The consolidated Property Issue Slip (WD AGO Form 446) will be forwarded to the Supply Division for processing. Separate slips will be submitted for property of each technical service, as Medical, Quartermaster, etc.

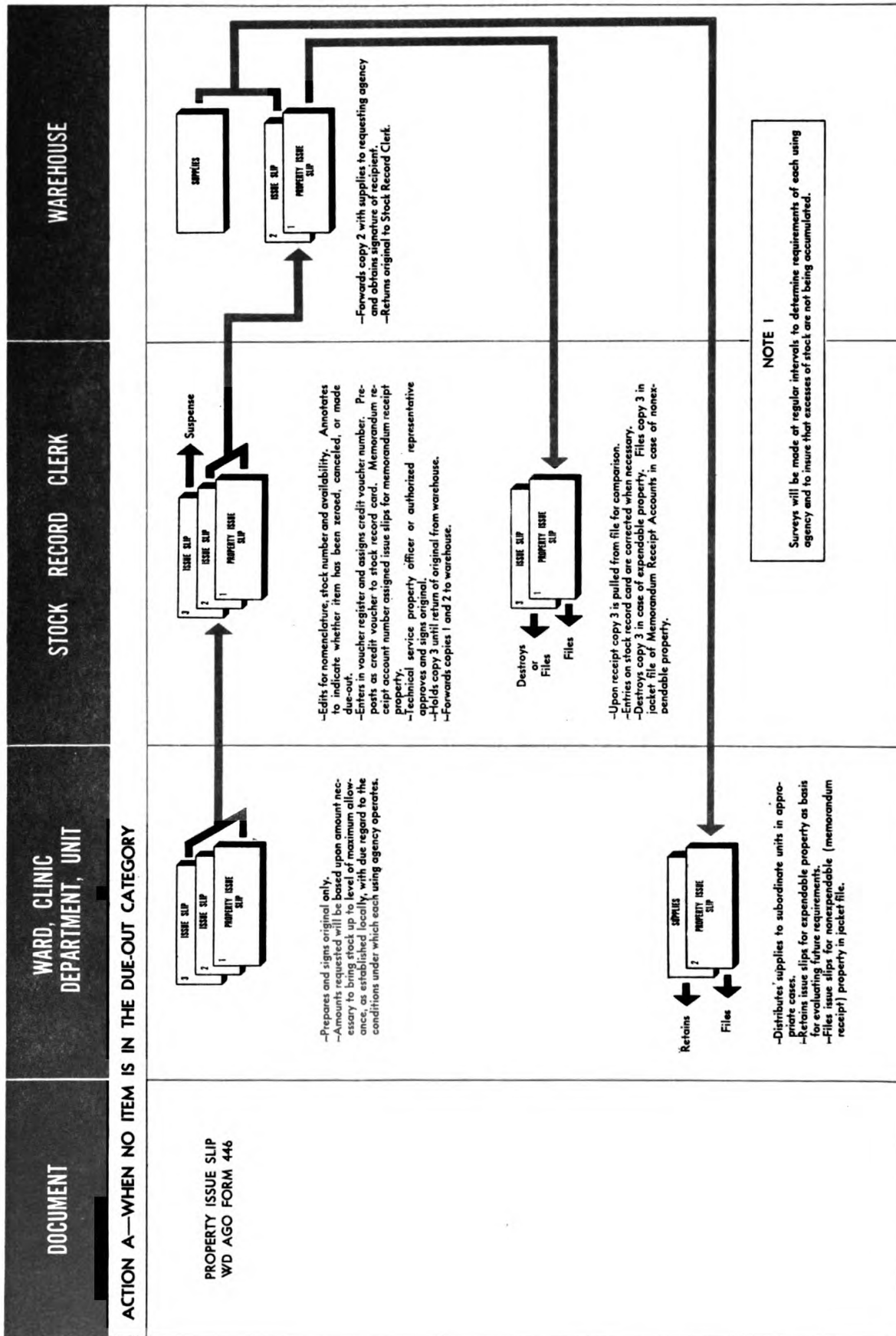
c. The requisitioning agency will check all supplies upon receipt. All items which have been "zeroed" will be requested on subsequent issue slips.

d. Requisitioning agencies will insure that all Property Issue Slips (WD AGO Form 446) are prepared as shown on illustrations of Expendable, Nonexpendable, and Due-Out Issue Slips, and are forwarded in accordance with issue schedules.

20. PROCEDURE FOR TURNING IN SUPPLIES FROM WARDS

All supplies which have become excess to the needs of a using agency, or unserviceable through fair wear and tear, will be delivered to the Classification Unit. The accompanying Turn-In Slip will be prepared as shown on illustration of Property Turn-In Slip (WD AGO Form 447). Property which has become unserviceable through means other than fair wear and tear, or which has been lost, must be accompanied by a Statement of Charges or Report of Survey as shown on illustration of Report of Survey (WD AGO Form 15).

PROCEDURE FOR REQUISITIONING SUPPLIES FOR WARDS, CLINICS, DEPARTMENTS, OR UNITS (FLOW CHART: ACTIONS A).



EXPENDABLE PROPERTY ISSUE SLIP.

EXPENDABLE PROPERTY ISSUE SLIP									
TO	SUPPLY OFFICER				TYPE OF ISSUE			PAGE OF PAGES	
	Medical				INITIAL	REPLACE- MENT	MEMO RECEIPT	VOUCHER NO.	
FOR	ORGANIZATION OR UNIT							ISSUE SLIP NO.	
	Ward A-2								
ITEM NO.	STOCK NO.	NOMENCLATURE	UNIT	AUTHORIZED ALLOWANCE	ON HAND	DUE IN	QUANTITY REQUESTED	ACTION	
1.	2014000	Cotton, absorbent, 1-lb	Ctn.	10	2				
2.	3611000	Applicator, wood, 6 gross	Ctn.	25	4				
3.	3668000	Depressor, tongue, wood, 100	Ctn.	5	1				
4.	3721000	Razor, safety, blades, 5	Pkg.	66	10				
5.	7266200	Dish, butter, ind, paper	Doz.	262	50		192		
6.	7331000	Napkin, paper, 1000	Pkg.	3	-		3		
7.	7428000	Tumbler, glass	Ea.	30					
8.	7454000	Brush, bedpan	Ea.	**					
9.	7456000	Brush, hand	Ea.	**					
10.	7493500	Steel wool, 1 lb.	Pkg.	5	2		2		
11.	7515000	Book, blank, 8 vo.	Ea.	5					
12.	7516000	Book, blank, ledger	Ea.	2					
13.	7529000	Card, guide, 3 x 5-in., alph.	Set	**					
14.	7594000	Pad, prescription, 100 sheet	Ea.	10	1		5		
15.	7613000	Paper, wrapping, disp. white	Qr.	**					
16.	7663000	Twine, cotton, 1/2 lb.	Ball	**					
17.	7740000	Cane, walking	Ea.	**					
18.	7779000	Cup, spit, paper, 100	Pkg.	4	1		2		
19.	7795000	Dropper, medicine, 12	Pkg.	5	2		1		
20.	7807000	Glass, medicine	Ea.	30					
21.	7855500	Matches, safety, 12 boxes	Pkg.	2	1		10		
22.	7868000	*Paper, toilet	Roll	50	10		30		
23.	7876000	Pin, common	Paper	**					
24.	7901005	Slippers, cotton, small	Pair	**					
25.	790101C	Slippers, cotton, medium	Pair	**					
26.	7901015	Slippers, cotton, large	Pair	**					
27.	7932000	Thermometer, clinical	Ea.	60					
28.	7935400	*Tissues, cellulose	Box	25	5		10		
29.	7936000	*Towels, paper, 150	Pkg.	50	4		10		

*For Wards and Clinics only

**As required.

Issuance of quantity shown in "Quantity Requested" column is authorized. Items marked "due out" will be ordered and when received organization will be notified.

For Station Supply Officer:

(Date)

WD AGO FORM 446
15 APR 1944

This form supersedes W. D., A. G. O. Form No. 446, 6 August 1943, which may be used until existing stocks are exhausted.

FOR THE COMMANDING OFFICER:

4 Dec 1945 Samuel K. Jones
(Date) 1st Lt., MAC Supply Officer

QUANTITIES SHOWN IN "ACTION" COLUMN HAVE BEEN RECEIVED:

(Date)

(Authorized Representative)

15-4044-2 U. S. GOVERNMENT PRINTING OFFICE

This form supersedes W. D., A. G. O. Form No. 446, 6 August 1943, which may be used until existing stocks are exhausted.

This form supersedes W. D., A. G. O. Form No. 446, 6 August 1943, which may be used until existing stocks are exhausted.

NONEXPENDABLE PROPERTY ISSUE SLIP AND DUE-OUT.

[illegible]

PROPERTY ISSUE SLIP				SUPPLY OFFICER		TYPE OF ISSUE		PAGE 1 OF 1 PAGES	
TO	Medical			INITIAL	REPLACE- MENT	MEMO RECEIPT	VOUCHER NO.	0-140a N 15	
FOR	Word A-2						ISSUE SLIP NO.		
ITEM NO.	STOCK NO.	DESCRIPTION	UNIT	AUTHORIZED ALLOWANCE	ON HAND	DUE IN	QUANTITY REQUESTED	ACTION	
1	7070000	Mirror, wall	ea.	27	25	1	1		
2	7093000	Table, examining	ea.	1			1		

NOTED

Insurrence of quantity shown in "Quantity Requested" column is authorized. Items marked with asterisk (*) will be ordered and when received organization will be advised.

FOR SUPPLY OFFICER: _____

(Date) 194_

FOR THE COMMANDING OFFICER: _____

10 NOV 1945. SACRED K. JONES, 1st Lt. MAC
(Date) (Name) (Signature) (Rank) (Title)

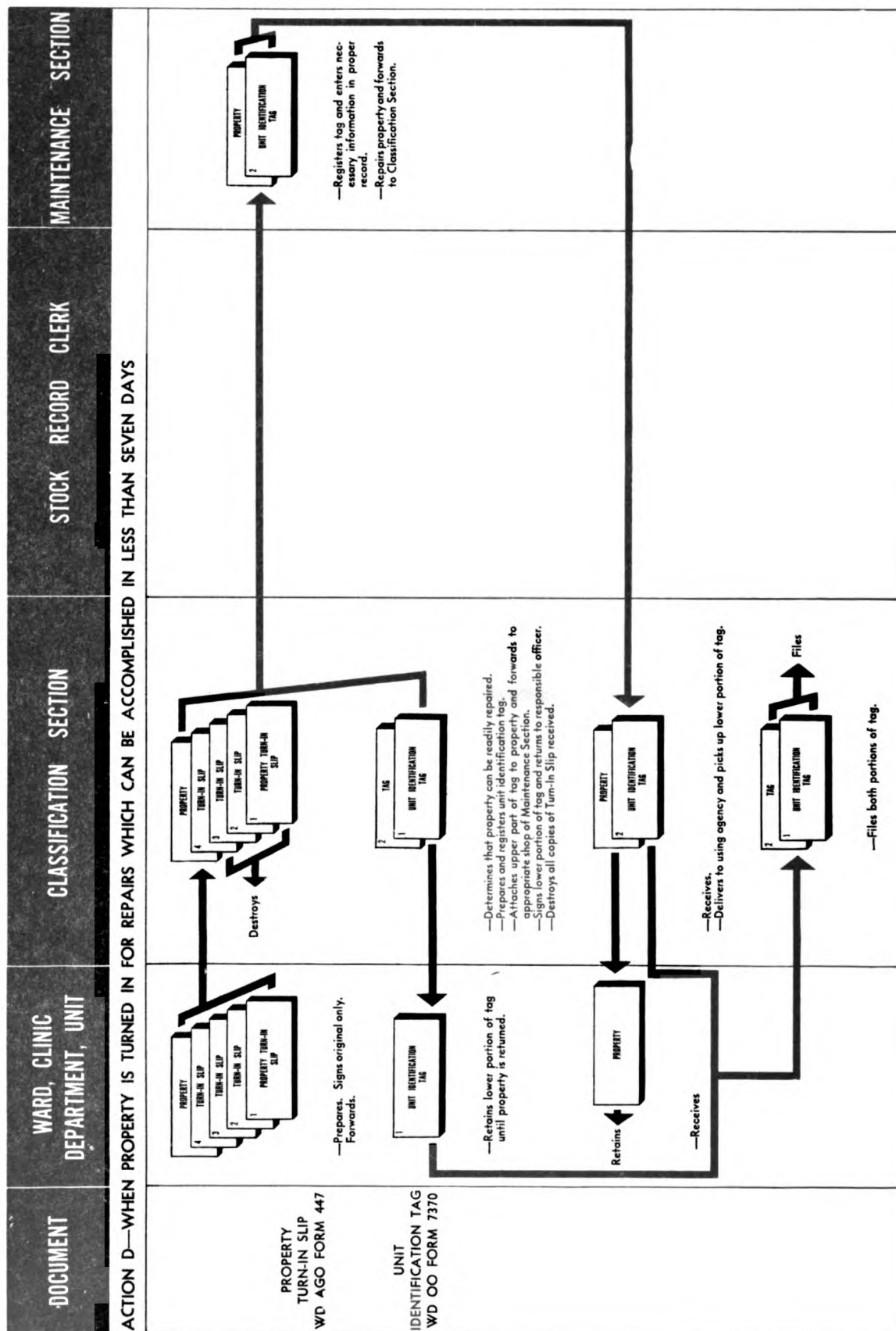
QUANTITIES SHOWN IN "ACTION" COLUMN HAVE BEEN RECEIVED:

(Date) 194_ (Signature) (Rank) (Title)

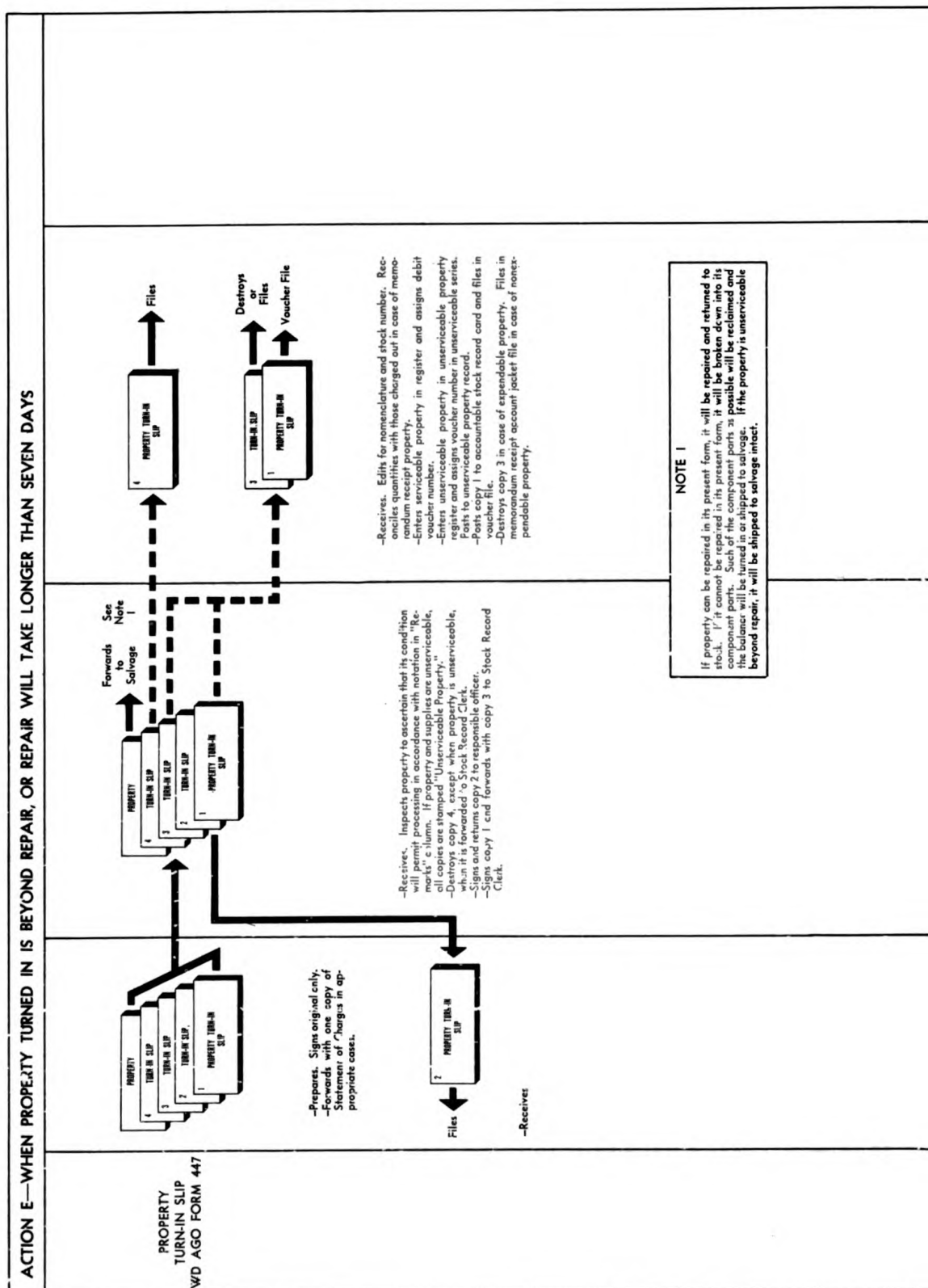
WD AGO FORM 446
13 APR 1944

This form superseded W. D. A. G. O. Form No. 446, 6 August 1940, which may be used until existing stocks are exhausted.

PROCEDURE FOR TURNING IN SUPPLIES FROM WARDS, CLINICS, DEPARTMENTS,
OR UNITS (FLOW CHART: ACTION D).



ACTION E—WHEN PROPERTY TURNED IN IS BEYOND REPAIR, OR REPAIR WILL TAKE LONGER THAN SEVEN DAYS



PROPERTY TURN-IN SLIP.

PROPERTY TURN-IN SLIP						
TO SUPPLY OR CLASSIFICATION OFFICER <i>Medical</i>					PAGE 1 OF 1 PAGES	
FROM ORGANIZATION OR UNIT <i>ward C-6</i>					VOUCHER NO.	
					TURN-IN SLIP NO.	
ITEM NO.	STOCK NO.	NOMENCLATURE	UNIT	QUANTITY	REMARKS	ACTION
1	7048006	Clock, wall, Electric, 110 volts, 25 cycle	Ea	1	MR	
2	7060400	Holder, chart	Ea	3	MR	
3	7039000	Chair, canvas	Ea	2	FWT	
4	7061000	Lamp, desk	Ea	1	FWT	
5	7425000	Tray, bed	Ea	2	MR	
6	7797008	Fan, oscillating, 12 inch 110 volt, 60 cycle	Ea	1	R/S	
7	9956500	Table, bedside, folding	Ea	25	MR	

LEGEND FOR REMARKS

FWT—Unserviceable, due to fair wear and tear

R/S—Unserviceable, report of survey

S/C—Unserviceable, statement of charges

SER—Serviceable

EXS—In excess of authorized allowances

MR—Memorandum receipt property

WD AGO FORM 13 APR 1944 447
(This form supersedes WD AGO Form No. 447, 6 August 1943, which may be used until existing stocks are exhausted.)

I CERTIFY that the articles listed herein are turned in under the circumstances indicated in "Remarks."

FOR THE COMMANDING OFFICER:
30 Oct 1945 *[Signature]*
 (Date) (Station Supply Officer or Classification Officer)
 QUANTITIES SHOWN IN "ACTION" COLUMN HAVE BEEN RECEIVED
 (Date) 194 (For station supply officer or classification officer)

REPORT OF SURVEY.

REPORT OF SURVEY

Medical Property Medical Supply Officer, Lincoln General Hospital
 (Class of property, ordnance, medical, etc.) Cairo, Illinois (Stock record account and station)
 Accountable officer Captain James R. Brown Date 1 Nov 1945

STOCK NO.	ARTICLES	QUANTITY	TOTAL COST	DISPOSITION		
				DESTROY	SALVAGE	OTHER
7797008	Fan, oscillating, 12-inch, 110 volt, 60 cycle	1	12.50			
Grand total *						

DATE AND CIRCUMSTANCES *

As the result of an inventory of all property on Ward C-6 incidental to the transfer of property responsibility to 2nd Lt. Ralph A. Bell, it has been determined that property listed hereon is missing. The loss of this property is not believed to be the fault of anyone concerned. Therefore, it is recommended that the responsible officer be relieved of responsibility, and the accountable officer be relieved of accountability. See Exhibits A and B attached.

<p>AFFIDAVIT</p> <p>I do solemnly swear (or affirm) that the articles of public property shown above and/or on attached sheets were lost, destroyed, damaged, or worn out in the manner stated, while in the public service.</p> <p><i>Thomas D. Smith</i> THOMAS D. SMITH 1st Lt., MAC (Grade and organization)</p> <p>Subscribed and sworn to (or affirmed) before me at Lincoln Gen Hosp Cairo, Illinois this 3rd day of NOV, 1945.</p> <p><i>Paul Q. Jones</i> PAUL Q. JONES Capt., MAC (Grade and organization) Adjutant</p>	<p>CERTIFICATE *</p> <p>I CERTIFY that the loss, destruction, damage, or unavailability of the articles of public property shown above, and/or on attached sheets, was caused in the manner stated and without fault or neglect on my part, and that each article listed with a view to elimination by destruction has been examined by me personally, has never been previously condemned, and is, in my opinion, worthless for further public use.</p> <p><i>James R. Brown</i> (Signature) Capt. M.A.C. (Grade and org., accountable or responsible officer)</p> <p>Hq. Station Date To</p> <p>who is appointed surveying officer.</p> <p>By order of</p> <p>Adjutant.</p>	<p>(?)</p> <p>Property Voucher No.</p>
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W. D., A. G. O. Form No. 15*
 15 October 1943

* This Form supersedes W. D., A. G. O. Form No. 15, 15 July 1935, which may be used until existing stocks are exhausted.

15 October 1943

* This Form supersedes W. D., A. G. O. Form No. 15, 15 July 1935, which may be used until existing stocks are exhausted.

15 October 1943

* This Form supersedes W. D., A. G. O. Form No. 15, 15 July 1935, which may be used until existing stocks are exhausted.

15 October 1943

* This Form supersedes W. D., A. G. O. Form No. 15, 15 July 1935, which may be used until existing stocks are exhausted.

UNIT IDENTIFICATION TAG.

○

NOTE: - This section of this
tag to be attached to
part or unit until
final disposition

EACH PART OR UNIT TO
BEAR A SEPARATE TAG

ORGANIZATION

A

Ward B-8

1 Ea. Item 7044000

ORGANIZATION

Ward B-8

1 Ea. Item 7044000

B

Received 15 Nov 45

For the Classification O.

Received _____

For the Responsible Officer

This tag, locally reproduced, is prepared when it has been determined that unserviceable property can be repaired in one week or less.

